

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M0600000 2206

1. Limited Liability Company's Name

McCarty Law Offices, PLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
200 W. ALLEGAN ST.
OTSEGO, MI 49078

3. Mailing Office Address
200 W. ALLEGAN ST.
OTSEGO, MI 49078

4. State/Country of Formation

MICHIGAN

5. Date Organized or Qualified
To Do Business in Florida

4/14/06

6. FEI Number

38-2875276

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

8. Name and Address of Current Registered Agent

Name

KAREN A. McCARTY

Street Address (P.O. Box Number is Not Acceptable)

432 S. Second St.

Suite, Apt. #, Etc.

2

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

100258935521
04/11/14--01026--018 **793.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Karen A. McCarty

Date 4/4/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	KAREN A. McCARTY	200 W. ALLEGAN ST.	OTSEGO, MI 49078
REINSTATEMENT			
APR 11 2014			
R. HUNT			

11. E-mail Address: mccartylawoffices@att.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Karen A. McCarty

Date

4/4/14

Daytime Phone #

269-694-6055

Typed or printed name of signing Authorized Representative/Manager

KAREN A. McCARTY