

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L00000015226**

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -2 PM 6:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L00000015226**

1. Limited Liability Company's Name

**Maudy & Associates LLC**

2. Principal Office Address

**2910 KERRY FOREST PKWY**

Suite, Apt. #, etc.

**D4-146**

City & State

**TALLAHASSEE FL**

Zip

**32309**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**LEON/USA**

5. Date Organized or Qualified To Do Business in Florida

**12/11/2002**

6. FEI Number

**593692040**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

**1/2 2002**

**MJH**

8. Name and Address of Current Registered Agent

Name

**ALAN M MAUDY**

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

**2910 KERRY FOREST PKWY**

Suite, Apt. #, Etc.

**D4-146**

City

**TALLAHASSEE**

State

**FL**

Zip Code

**32309**

**400009796624**  
**01/03/03--01015--002 \*\*150.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/26/02**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>MEMBER PARTNER</b>	<b>ALAN M MAUDY</b>	<b>2910 KERRY FOREST PKWY D4-146</b>	<b>TALLAHASSEE FL 32309</b>

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager

Date **12/26/02** Daytime Phone # **850 443 0244**

Typed or printed name of signing Managing Member/Manager **ALAN M MAUDY**

CR2E041 (9/01)