

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 09, 2006 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L01000006331

1. Limited Liability Company's Name

KEVIN PATRICK DONAGHY, LLC

2. Principal Office Address

1010 OCEAN SHORE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1010 OCEAN SHORE BLVD.

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH, FL

Zip

32176

Country

USA

Zip

32176

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL US

5. Date Organized or Qualified  
To Do Business in Florida

1/24/2002

6. FEI Number

120-42-3849

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KEVIN P. DONAGHY

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

2102 PALM VISTA DRIVE

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-03-06

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|------------|--------------------------------------|---------------------------------------------------|-----------------------|
| <u>MEM</u> | <u>KEVIN P. DONAGHY</u>              | <u>2102 Palm Vista Drive</u>                      | <u>Apoka FL 32712</u> |
|            |                                      |                                                   |                       |
|            |                                      |                                                   |                       |
|            |                                      |                                                   |                       |
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|            |                                      |                                                   |                       |

REINSTATEMENT 04-06

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01/19/06--01027--026 \*\*255.00

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

[Signature]

Date 1-03-06

Daytime Phone # 986-441-2397

Typed or printed name of signing Managing Member/Manager

KEVIN P. DONAGHY