

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 11 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008298

Name and Mailing Address

0011082 01 FP 0.352 \*\*PRSRT H3 0 0615 33982-247466

GLADD ENGINEERING & ASSOCIATES L.L.C.

27110 JONES LOOP ROAD

UNIT 241

PUNTA GORDA FL 33982-2474



2. New Mailing Address

27110 JONES Loop Rd # 241

City, State, Zip PUNTA GORDA, FL 33982

Principal Place of Business

27110 JONES LOOP ROAD  
UNIT 241  
PUNTA GORDA FL 33982

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/15/2001

6. FEI Number

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

GLADD, ANDREW J SR.  
27110 JONES LOOP ROAD  
UNIT 241  
PUNTA GORDA FL 33982

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Andrew J. Gladd Sr.

Date 11-04-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing  
Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

Consulting  
Engineer

LAWRENCE FERSON

6205 NORTHEAST 156 SMITHVILLE, MO

64089

900008880669

11/07/02--01102--002 \*\*155.00

REINSTATEMENT

12. 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

Andrew J. Gladd Sr.

Date 11-04-02

Daytime Phone # 941-637-1790

Typed or printed name of signing Managing Member/Manager

Andrew J. Gladd

CR2E084 (8/02)