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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**2004 JAN 16 PM 3:58**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

1. **DOCUMENT #** L01000008298

Name and Mailing Address

0014235 01 AT 0.292 \*\*AUTO T2 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		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/15/2001	
Principal Place of Business 27110 JONES LOOP ROAD UNIT 241 PUNTA GORDA FL 33982	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 01/16/04--01004--013--**200.00 800027064088 City 01/16/04--01004--013--**200.00 FL
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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. Hood Sr.*  
REGISTERED AGENT MUST SIGN

Date 12-1-03

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
MGRM	FERSON, LAWRENCE	6205 NORTH EAST 158	SMITHVILLE MD 64089

**REINSTATEMENT**

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in the articles of incorporation or the certificate of formation. 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

*X Lawrence Ferson*  
X SIGNATURE REQUIRED

Date 12-19-03

Daytime Phone # 816-532-8189

Typed or printed name of signing Managing Member/Manager