

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVIS

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DOCUMENT # L01000010923

1. Limited Liability Company's Name

Patterson & Sweeny, PL

5/1/2006-90070-032-\$150.00-\$150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

800 Douglas Road

Suite, Apt. #, etc.

Suite 105

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Office Address

800 Douglas Road

Suite, Apt. #, etc.

Suite 105

City & State

Coral Gables, FL

Zip

33134

Country

US

4. State/Country of Formation

FL / Dade County

5. Date Organized or Qualified
To Do Business in Florida

07/02/2001

6. FEI Number

65-1130908

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

John H. Patterson, Jr.

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

800 Douglas Road

Suite, Apt. #, Etc.

Suite 105

City

Coral Gables

State

FL

Zip Code

33134

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

12/26/07

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
MGR	John H. Patterson, Jr.	800 Douglas Road, Suite 105	Coral Gables, FL 33134
Member	John H. Patterson	800 Douglas Road, Suite 105	Coral Gables, FL 33134
Member	James H. Sweeny, III, P.A.	800 Douglas Rd, Ste 105	Coral Gables, FL 33134

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REINSTATEMENT

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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

12/26/07

Daytime Phone #

305 350-9000

Typed or printed name of signing Managing Member/Manager

John H. Patterson, Jr.