

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

▲ Tear Here ▲      ▲ Tear Here ▲      ▲ Tear Here ▲

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Linda F. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**L02000022867**

**FILED**

03 DEC 17 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022867  
Name and Mailing Address

0012745 01 AT 0.292 \*\*AUTO T6 0 0615 33470-497524  
THOMAS J O'GRADY SERVICES LLC  
13724 FARLEY RD  
LOXAHATCHEE FL 33470-4975



2. New Mailing Address <i>13724 Farley Rd</i>		4. State/Country of Formation FL	
City, State, Zip <i>Loxahatchee FL 33470</i>		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
Principal Place of Business 13724 FARLEY RD LOXAHATCHEE FL 33470	3. New Principal Place of Business Address		6. FEI Number <i>06-1445999</i>
City, State, Zip		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 O'GRADY, THOMAS J 13724 FARLEY RD LOXAHATCHEE FL 33470		9. Name and Address of New Registered Agent Name <i>SAME</i> 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 *[Signature]* **SIGNATURE REQUIRED** Date *12/9/03*  
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
<i>MEM</i>	<i>Thomas J O'Grady</i>	<i>13724 Farley Rd</i>	<i>Loxahatchee FL 33470</i>

800025565898  
12/17/03--01071--005 \*\*150.00

**REINSTATEMENT** *2003*  
**M-THOMAS**

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 *[Signature]* **SIGNATURE REQUIRED** Date *12/9/03* Daytime Phone # *561 722-9292*  
Typed or printed name of signing Managing Member/Manager *Thomas J O'Grady*

CR2E084 (7/03)