

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenda F. Hood
Sergeant at Law
CONSULTING CORPORATION

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 13724 Farley Rd City, State, Zip Loxahatchee FL 33470		4. State/Country of Formation FL	
Principal Place of Business 13724 FARLEY RD LOXAHATCHEE FL 33470		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 06-1445999	
		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 Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Thomas J O'Grady* **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
MEM	Thomas J O'Grady	13724 Farley Rd	Loxahatchee FL 33470

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 *Thomas J O'Grady* **SIGNATURE REQUIRED** Date 12/9/03 Daytime Phone # 561 722-9292

Typed or printed name of signing Managing Member/Manager Thomas J O'Grady