

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

DOCUMENT # L02000030782

1. Limited Liability Company's Name
McCulloh & Associates LC

700074662317
03/16/06--01023--025 **250.00
CR2E041 (8/05)

2. Principal Office Address 5334 Central Fl Parkway		3. Mailing Office Address same	
Suite, Apt. #, etc. #130		Suite, Apt. #, etc.	
City & State Orlando		City & State Florida	
Zip 32821	Country USA	Zip 32821	Country

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 11-18-2002	
6. FEI Number 510443210	Applied For <input type="checkbox"/> 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

Name
Harold D. McCulloh

Street Address (P.O. Box Number is Not Acceptable)
5334 Central Florida Parkway

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32821

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
	Harold D. McCulloh / MGRM	11629 Sandy Hill Dr.	Orlando, Fl. 32821

REINSTATEMENT 04-06

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 Harold D. McCulloh Date 4/17/06 Daytime Phone # 407-239-1332

Typed or printed name of signing Managing Member/Manager Harold D. McCulloh