

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000050521

1. Limited Liability Company's Name

T.M. TOOHEY, GENERAL CONTRACTOR LLC

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

3125 BARRETT AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 10488

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34112

Country

US

City & State

NAPLES, FL

Zip

34101

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

Dec 1, 2003

6. FEI Number

200472413

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THOMAS M TOOHEY

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

3125 BARRETT AVE.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

Thomas M Toohey

REGISTERED AGENT MUST SIGN

Date 6/14/10

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
MANAGING MEMBER	<u>THOMAS M TOOHEY</u>	<u>3125 Barrett Ave.</u>	<u>Naples, FL 34112</u>
			<u>600182327636</u> <u>06/23/10--01003--011 **138.75</u>
REINSTATEMENT -09-10			

11. E-mail Address: TMT12753@AOL.COM

(To be used for future annual report notifications)

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 M Toohey

Date 6/14/10

Daytime Phone # 239-774-3728

Typed or printed name of signing Managing Member/Manager

THOMAS M TOOHEY

C.S.