

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -8 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000007397

1. Limited Liability Company's Name

John J O'Connell, LLC
27428 Obidos Drive
Punta Gorda, FL 33983

2. Principal Office Address

27428 Obidos Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33983

Country

USA

3. Mailing Office Address

27428 Obidos Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33983

Country

USA

4. State/Country of Formation

Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida**

09/16/2005

6. FEL Number

20-0805045

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Andrew T Ames, CPA, CFP

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

128 West Oak Street

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

11/6/2006

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
MGRM	John J O'Connell	27428 Obidos Drive	Punta Gorda, FL 33983

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REINSTATEMENT

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 11-06-06

Daytime Phone # 941-815-1580

Typed or printed name of signing Managing Member/Manager