

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** L04000007397

1. Limited Liability Company's Name

John J. O'Connell, LLC

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

27428 Obidos Dr

Suite, Apt. #, etc.

3. Mailing Office Address

27428 Obidos Dr

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33983

Country

City & State

Punta Gorda, FL

Zip

33983

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/28/2004

6. FEI Number

20-0805045

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

John J. O'Connell

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

27428 Obidos Dr

Suite, Apt. #, Etc.

City

Punta Gorda

State

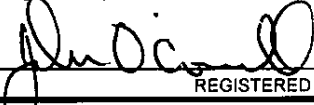
FL

Zip Code

33983

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 4/6/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

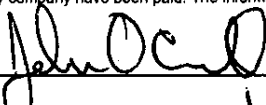
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	John J. O'Connell	27428 Obidos Dr	Punta Gorda, FL 33983

REINSTATEMENT 08-10
KZ

11. E-mail Address: SITHUG212@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

Date 4/6/10

Daytime Phone # 941 9157580

Typed or printed name of signing Managing Member/Manager

John O'Connell