

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000014750

1. Limited Liability Company's Name

BRADY CONSTRUCTION SERVICES, LLC

2. Principal Office Address - No P.O. Box #
4936 MILE STREACH DR

Suite, Apt. #, etc.

3. Mailing Office Address
4936 MILE STREACH DR

Suite, Apt. #, etc.

City & State
HOLIDAY FLORIDA

City & State
HOLIDAY FLORIDA

Zip Country
34690 USA

Zip Country
34690 USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 1/21 2000

6. FEI Number
59-374 2804

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
BRADY KELLY

Street Address (P.O. Box Number is Not Acceptable)
4936 MILE STREACH DR

Suite, Apt. #, Etc.

City
HOLIDAY

State Zip Code
FL 34690

☒ 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.

MIN PAY DUE 693⁷⁵/₁₀₀

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 7-15-09

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
MANAGER	BRADY KELLY	4936 MILE STREACH DR HOLIDAY FL	HOLIDAY FLORIDA 34690
	REINSTATEMENT	S. HAWKES	600158627606
		JUL 24 2009	07/17/09-91845-805-44655.75
	2005-09	EXAMINER	

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 7-15-09

Daytime Phone # 727-515-0423

Typed or printed name of signing Managing Member/Manager