

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000066985

1. Limited Liability Company's Name

Andrew Keough Plumbing

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

10943 70 AVE. N

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33772

Country

Pinellas

3. Mailing Office Address

10943 70 AVE. N

Suite, Apt. #, etc.

City & State

Seminole, FL

Zip

33772

Country

Pinellas

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/10/2004

6. FEI Number

20-1579443

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

Andrew Keough

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

10943 70 AVE. N

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

☐ 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

Andrew Keough

Date 2/27/07

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
owner	Andrew Keough	10943 70 AVE. N	Seminole, FL 33772
			400091558844 03/07/07--01035--020 **250.00

REINSTATEMENT 05-07

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

Andrew Keough

Date 2/27/07

Daytime Phone (727) 452-5408

Typed or printed name of signing Managing Member/Manager

Andrew Keough