

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04 0000 66985

1. Limited Liability Company's Name

**ANDREW KEOUGH PLUMBING "LLC"**

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

**10943 70 AVENUE N**

Suite, Apt. #, etc.

3. Mailing Office Address

**10943 70 AVENUE N**

Suite, Apt. #, etc.

City & State

**SEMINOLE, FL**

City & State

**SEMINOLE, FL**

Zip

**33772**

Country

**Pinellas**

Zip

**33772**

Country

**Pinellas**

8. Name and Address of Current Registered Agent

Name **ANDREW KEOUGH**

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

**10943 70 AVENUE N**

Suite, Apt. #, Etc.

City

**Seminole**

State

**FL**

Zip Code

**33772**

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

2/23/12

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	ANDREW KEOUGH	10943 70 AVENUE N	SEMINOLE, FL 33772

200222947042  
02/23/12--01024--022 \*\*\$55.00

**REINSTATEMENT 09-12**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Andrew Keough*

Date 2/23/12

Daytime Phone #

727-906-7903

Typed or printed name of signing Managing Member/Manager

FILED

12 FEB 24 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

4. State/Country of Formation

**Florida/Pinellas**

5. Date Organized or Qualified  
To Do Business in Florida

**09/10/2004**

6. FEI Number

**201579443**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

**admin@oneginc.com**

(To be used for future annual report notices)