

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

Annual Report

DOCUMENT # *LOW000070059*

1. Limited Liability Company's Name

C.T. O'NEILL MASTER FINISH CARPENTER, LLC

FILED

2009 AUG 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600159596166
08/14/09--01036--001 **138.75

CR2E041 (10/08)

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

14 ST. ANDREWS CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

Zip

32137

Country

FLORIDA

Zip

Country

4. State/Country of Formation

PALM COAST FL

5. Date Organized or Qualified
To Do Business in Florida

9-27-04

6. FEI Number

22-3151868

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

CHARLES THOMAS O'NEILL

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

14 ST. ANDREWS CT.

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date *8-1-09*

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
<i>MGRM</i>	<i>LAURA J. O'NEILL</i>	<i>14 ST. ANDREWS CT</i>	<i>PALM COAST FL 32137</i>

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

[Signature]

Date *8-1-09*

Daytime Phone # *386 447-6225*

Typed or printed name of signing Managing Member/Manager

LAURA J. O'NEILL