Pg 2 of 2

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : KRASNY AND DETIMER
Account Number : 102771002615
Phone : (321)723-5646
Fax Number : (321)768-1147

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: godkos@yahoo.ie

LIMITED LIABILITY REINSTATEMENT
CORKKERRY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$655.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL -8 AM 8:30

DOCUMENT #

1. Limited Liability Company's Name:
Corkberry, LLC

Document # L04000078331

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
467 Sandpiper Drive

Suite, Apt. #, etc.

City & State:
Satellite Beach, FL

Zip: 32937 County: USA

3. Mailing Office Address:
Same

Suite, Apt. #, etc.

City & State:

Zip: Country:

4. State/Country of Formation:
Florida

5. Date Originally Organized or Qualified to Do Business in Florida: 10/23/2004

6. FEI Number:
20-4786840

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name:
Kieran O'Shea

Street Address (P.O. Box Number is Not Acceptable):
467 Sandpiper Drive

Suite, Apt. #, etc.

City: Satellite Beach State: FL Zip Code: 32937

E-mail Address:
aodkos@yahoo.ie
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company(s), am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Kieran O'Shea Date: 7/8/2013
REGISTERED AGENT MUST SIGN

10. Name(s) and Street Address(es) of Managing Members/Managers

Title	Name(s) of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MMbr	Kieran O'Shea	467 Sandpiper Drive	Satellite Bch, FL 32937
Mgr	Margaret A. Hinely	467 Sandpiper Drive	Satellite Bch, FL 32937

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: Kieran O'Shea Date: 7/8/2013 Daytime Phone #: 321-749-3965

Typed or printed name of signing Managing Member/Manager: Kieran O'Shea

JUL 09 2013

T. CAULEY