

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
10 APR 19 PM 2:47

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000117945

1. Limited Liability Company's Name

FINNEGAN PROPERTIES, LLC

07

700176380017
04/19/10--01009--024 **\$60.00

CR2E041 (11/09)

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

329 North 11th Street

Suite, Apt. #, etc.

3. Mailing Office Address

329 North 11th Street

Suite, Apt. #, etc.

City & State

Flagler Beach, Florida

Zip

32136

Country

US

City & State

Flagler Beach, Florida

Zip

32136

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/11/2005

6. FEI Number

20-3930322

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

TIMOTHY N. FINNEGAN

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

329 North 11th Street

Suite, Apt. #, Etc.

City

Flagler Beach

State

FL

Zip Code

32136

☐ 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

T. N. Finnegan

REGISTERED AGENT MUST SIGN

Date 4/15/10

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
MGRM	TIMOTHY N. FINNEGAN	329 North 11th Street	Flagler Beach, FL 32136

REINSTATEMENT

2007-2010

11. E-mail Address: FINNY51@AOL.COM

(To be used for future annual report notifications)

12. 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

T. N. Finnegan

Date

4/15/10

Daytime Phone # (386) 439-5057

Typed or printed name of signing Managing Member/Manager

TIMOTHY N. FINNEGAN