

L09000039185

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000039185

1. Limited Liability Company's Name

Reilly Court Reporting Services LLC

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

3129 Pine Forest Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34684

Country

USA

3. Mailing Office Address

3129 Pine Forest Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

Zip

34684

Country

USA

8. Name and Address of Current Registered Agent

Name

Catherine M. Reilly

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

3129 Pine Forest Drive

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

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

*Catherine M. Reilly*

Date

4/13/12

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
MGRM	Catherine M. Reilly	3129 Pine Forest Dr.	Palm Harbor, FL 34684

REINSTATEMENT

2010-2012

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

*Catherine M. Reilly*

Date

4-13-12

Daytime Phone #

727-642-6001

Typed or printed name of signing Managing Member/Manager Catherine M. Reilly, Sole Managing Member

BK

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04/25/12--01027--002 \*\*150.00  
CR2ED41 (1/11)

4. State/Country of Formation  
Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida 4-22-09

6. FEI Number  
94-3478631

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

600231522206  
06/14/12--01002--003 \*\*366.25

creilly11@verizon.net

(To be used for future annual report notices)