

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

STAMPED
DIVISION OF CORPORATIONS

13 SEP -4 PM 3:56

DOCUMENT # LO9000075851

1. Limited Liability Company's Name
Catherine Mulcahey & Associates, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
4440 PGA Blvd.

3. Mailing Office Address
4440 PGA Blvd.

Suite, Apt. #, etc.
#600

Suite, Apt. #, etc.
#600

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 8/5/2009

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

6. FEI Number
65-1008228

Applied For
Not Applicable

Zip Country
33410 USA

Zip Country
33410 USA

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

8. Name and Address of Current Registered Agent

Name
Catherine Mulcahey

Street Address (P.O. Box Number is Not Acceptable)
4440 PGA Blvd.

Suite, Apt. #, Etc.
#600

City
Palm Beach Gardens

State Zip Code
FL 33410

E-mail Address:

700251357357
09/04/13--01018--010 **655.00

camulcahey@comcast.net

(To be used for future annual report notices)

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 Mulcahey
REGISTERED AGENT MUST SIGN

August 21, 2013

Date

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 Mulcahey	4440 PGA Blvd., #600	Palm Beach Gardens, FL 33410

REINSTATEMENT

SEP 04 2013

R. HUNT

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 Mulcahey

Date

8/21/13

Daytime Phone #

561-472-0882

Typed or printed name of signing Managing Member/Manager