

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
15 JAN -2 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P**

1. Limited Liability Company's Name

L12000027915

*Dougherty Properties, LLC*

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

900 N Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1601 Tionia Road

Suite, Apt. #, etc.

City & State

New Smyrna Beach

City & State

New Smyrna Beach

Zip

32169

Country

Zip

32168

Country

US

4. State/Country of Formation

Volusia

5. Date Organized or Qualified  
To Do Business in Florida

2/27/2014

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Sarah Dougherty

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

900 N Atlantic Ave.

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32169

300267849019  
12/30/14--01032--011 \*\*377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mr	Stephen E Dougherty	900 N Atlantic Ave.	New Smyrna Beach, FL 32168
Mrs.	Sarah Dougherty	900 N Altantic Ave.	New Smyrna Beach, FL 32168

**REINSTATEMENT 1**

JAN 02 2014

R. HUNT

11. E-mail Address:

*Sarah@dougherty-mfg.com*

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Sarah Dougherty*

Date 12/29/2014

Daytime Phone # 386-957-5464

Typed or printed name of signing Authorized Representative/Manager Sarah Dougherty