

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12 000161798

1. Limited Liability Company's Name

Hugh O'Shea, PLLC

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

178 Pointview Ln

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

46-1720730

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 A fee is required for a Certificate of Status

CR2E041 (1/14)

B. Name and Address of Current Registered Agent

Name

United States Corp, Inc

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

13302 Winding Oak Ct

Suite, Apt. #, Etc.

Suite A

City

Tampa

State

FL

Zip Code

33612

200261530472
07/09/14--01024--003 **138.75
200261530472
06/20/14--01034--008 **238.75

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

6/17/14

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
P	Joseph H. McCormick	178 Pointview Ln	Ormond beach, FL 32174
VP	Tina M. McCormick	178 Pointview Ln	Ormond Beach, FL 32174

11. E-mail Address:

joemccormick@mac.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 605, 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

Date 6/3/2014

Daytime Phone # 386-316-7949

Typed or printed name of signing Authorized Representative/Manager Joseph H. McCormick