

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR 16 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200005326712--4  
-04/23/02--01064--009  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

DOCUMENT # L98000001777

1. Limited Liability Company's Name

MCCUE & MCCUE P.L.

2. Principal Office Address

5100 N. FEDERAL HWY #405

3. Mailing Office Address

Same

Suite, Apt. #, etc.

405

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FL FORT LAUDERDALE

Zip

33308

Country

Broward

Zip

33308

Country

BROWARD

4. State/Country of Formation

BROWARD, FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-0856774

☒ 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

CHRISTIAN A. MCCUE

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

5100 N. Federal Hwy. #405

Suite, Apt. #, Etc.

FT LAUDERDALE

City

FL

State  
FL

Zip Code

33308

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

Christian A. McCue

Date

1/31/02

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
Mgr	CHRIS MCCUE	5100 N. Federal Hwy	FT LAUDERDALE FL 33308

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.

Signature of  
Managing Member/Manager

Christian A. McCue

Date

1/1/02

Daytime Phone #

954 938-9001

Typed or printed name of signing Managing Member/Manager

CHRISTIAN A. MCCUE

CR2E041 (9/01)