

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

AND
FILED

02 MAY 22 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MD0000001038**

1. Limited Liability Company's Name

ATHEY & ASSOCIATES LLC.

REINSTATEMENT

**2001-
2002**

2. Principal Office Address

1946 INDIAN HILL ST.

Suite, Apt. #, etc.

N/A

City & State

MARCO ISLAND, FLA.

Zip

34145

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

N/A

City & State

MARCO ISLAND, FL.

Zip

34145

Country

USA

4. State/Country of Formation

ILLINOIS

5. Date Organized or Qualified
To Do Business in Florida

MARCH 2000

6. FEI Number

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

TIMOTHY M. ATHEY

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

1946 INDIAN HILL ST.

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

Timothy M. Athey

REGISTERED AGENT MUST SIGN

Date **April 19, 2002**

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
PRES.	TIMOTHY M. ATHEY	1946 INDIAN HILL ST.	MARCO ISLAND, FL. 34145

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

Timothy M. Athey

Date

4/19/02

Daytime Phone # **239-393-1331**

Typed or printed name of signing Managing Member/Manager

TIMOTHY M. ATHEY

CR2ED41 (9/01)