PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -8 AM 9:58

DOCUMENT # L04000008863

1. Limited Liability Company's Name

Kenneth Kroger LLC

600169403916
02/17/10--01032--009 **377.50

CR2E041 (11/09)

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
44182 Holmes Estate Rd	- Same -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Callahan Fl	City & State
Zip: 32011 Country: Nassau	Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 20-0672110 ☐ 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: Bill Fordham

Street Address (P.O. Box Number is Not Acceptable): 1241 S McDuff Ave

Suite, Apt. #, Etc

City: Jacksonville State: FL Zip Code: 32205

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: William Fordham Date: Feb 10-2010
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
Mng	Kenneth Kroger	44182 Holmes Estate Rd	Callahan FL 32011
	REINSTATEMENT 2009, 2010		

11. E-mail Address: Tracy Kroger@yahoo.com
(To be used for future annual report notifications)

12. 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: Kenneth Kroger Date: 2-10-10 Daytime Phone #: 904-413-0520

Typed or printed name of signing Managing Member/Manager

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAR -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 23, 2010

KENNETH KROGER LLC
44182 HOLMES ESTATE RD
CALLAHAN, FL 32011

SUBJECT: KENNETH KROGER LLC
Ref. Number: L04000008863

We have received your document for KENNETH KROGER LLC and your check(s) totaling $377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00004504