

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 21 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000089546**

1. Limited Liability Company's Name

KOSUTA GROUP, LLC

900172902159
03/23/10--01017--023 **100.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 509 N. VIRGINIA AVE.		3. Mailing Office Address 509 N. VIRGINIA AVE	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State WINTER PARK, FL		City & State WINTER PARK FL	
Zip 32789	Country ORANGE	Zip 32789	Country ORANGE

4. State/Country of Formation FLORIDA USA.	
5. Date Organized or Qualified To Do Business in Florida 12/10/2004	
6. FEI Number 20-2164078	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name CRAIG J. KOSUTA			
Street Address (P.O. Box Number is Not Acceptable) 509 N. VIRGINIA AVE			
Suite, Apt. #, Etc.			
City WINTER PARK	State FL	Zip Code 32789	

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: Date: **03/16/10**

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	CRAIG J. KOSUTA	509 N. VIRGINIA AVE	WINT-PARK, FL 32789

900172902159
04/22/10--01005--002 **832.50

REINSTATEMENT 2005-10

11. E-mail Address: **INFO@KOSUTA.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 808.406, 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: Date: **03/16/10** Daytime Phone #: **907-647-7338**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2010

KOSUTA GROUP LLC
509 NORTH VIRGINIA AVENUE
WINTER PARK, FL 32789

SUBJECT: KOSUTA GROUP LLC
Ref. Number: L04000089546

We have received your document for KOSUTA GROUP LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2005 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$932.50.

We need an additional check in the amount of \$832.50

Please return 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00007270