

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 FEB -1 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200167768562
02/02/10--01013--010 ***416.25

CR2E041 (11/09)

DOCUMENT # **LOS000097213**

1. Limited Liability Company's Name

KAREN F. OTTEWELL, LLC

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

2344 BEE RIDGE RD

Suite, Apt. #, etc.

SUITE 100

City & State

SARASOTA, FLORIDA

Zip

34239

Country

U.S.A.

3. Mailing Office Address

7314 PALOMINO PLACE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34241

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

SEPT 30TH 2005

6. FEI Number

20-3663290

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

KAREN F. TRASCHER

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

2344 BEE RIDGE RD

Suite, Apt. #, Etc.

SUITE 100

City

SARASOTA, FLORIDA

State

FL

Zip Code

34239

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

Karen Trascher (formerly OTTEWELL)

REGISTERED AGENT MUST SIGN

Date **January 28th 2010**

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
MEMBER	KAREN F. TRASCHER	7314 PALOMINO PLACE	SARASOTA, FL. 34241

REINSTATEMENT 08-10
02-28-10

11. E-mail Address **shpillinglea2003@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

Karen Trascher

Date

01/28/10

Daytime Phone #

813-625-1371

Typed or printed name of signing Managing Member/Manager **KAREN TRASCHER**