

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

20-0-3 40

DOCUMENT # L08000009124

1. Limited Liability Company's Name  
K & L Property Management LLC

2. Principal Office Address - No P.O. Box #  
215 N Federal Highway

3. Mailing Office Address  
215 N Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip Country  
33432 US

Zip Country  
33432 US

CR2E041 (1/14)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 1/29/08

6. FEI Number  
26-1885189

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  
Jason M Lazar

Street Address (P.O. Box Number is Not Acceptable) Suite.  
215 N Federal Highway

Apt. #, Etc.

City State Zip Code  
Boca Raton FL 33432

700410101107  
06/06/23--01022--001 \*\*957.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/18/23

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	James H. Batmasian	215 N Federal HWY	Boca Raton, FL 33432

**REINSTATEMENT**

R. HUNT  
06/06/23

11. E-mail Address:

JLazar@Investmentslimited.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 5/18/23

Daytime Phone # 561-392-8920

Typed or printed name of signing authorized representative/member James H. Batmasian