

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 13 PM 2:14

DOCUMENT #

L14000046156

1. Limited Liability Company's Name

KC - No9 LLC

600296619356
03/13/17--01005--019 **\$16.25
CR2E041 (12/13)

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

1857 W Tennessee St

3. Mailing Office Address

640 Kissimmee St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Tallahassee FL.

City & State Tallahassee FL.

Zip Country 32304 Leon

Zip Country 32310 Leon

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

9/23/2015

6. FEI Number

46-527 1485

☐ 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 Orville Cassinova

Street Address (P.O. Box Number is Not Acceptable) 640 Kissimmee St

Suite, Apt. #, Etc.

City Tallahassee

State FL Zip Code 32310

E-mail Address:

kccassinova@gmail.com

(To be used for future annual report notices)

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

Date 3/13/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMGR	Orville Cassinova	640 Kissimmee St.	Tallahassee FL 32310
AMGR	Naomi Cassinova	640 Kissimmee St.	Tallahassee FL 32310
AMGR	Sarah Cassinova	640 Kissimmee St.	Tallahassee FL 32310
REINSTATEMENT RCH			

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Date 3/13/17

Daytime Phone # 850-443-5909

Typed or printed name of signing Authorized Person