

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 DEC 21 AM 8:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L19000095129

1. Limited Liability Company's Name
108 KINGSLEY INVESTMENT LLC

700356795087
12/21/20--01002--001 **238

2. Principal Office Address - No P.O. Box # 108 KINGSLEY AVE		3. Mailing Office Address 108 KINGSLEY AVE	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State ORANGE PARK		City & State ORANGE PARK	
Zip 32073	Country USA	Zip 32073	Country USA

CR2E041 (1/14)

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 04/05/2019	
6. FEI Number 83-4381465	Applied Not Ap
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee req for a certificate of statu	

8. Name and Address of Current Registered Agent

Name RAJESH MALI		
Street Address (P.O. Box Number is Not Acceptable) Suite 7825 MOUNT RANIER DR		
Apt. #, Etc		
City JACKSONVILLE	State FL	Zip Code 32256

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 *M. Rajesh Mali*
REGISTERED AGENT MUST SIGN

Date 12/14/2020

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	RAJESH MALI	7825 MOUNT RANIER DR	JACKSONVILLE , FL , 322

11. E-mail Address DRRAJESHMALI@GMAIL.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 *M. Rajesh Mali* Date 12/14/2020 Daytime Phone # 3473660453

Typed or printed name of signing authorized representative/member RAJESH MALI

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