

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 APR -4 PM 4:48

300327466433
04/04/19--01019--021 **238.75
CR2E041 (1/14)

DOCUMENT # L17000195752

1. Limited Liability Company's Name

FEKON LLC

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

2956 LUCAYAN HARBOUR CIRCLE

Suite, Apt. #, etc.

3-105

City & State

KISSIMMEE - FLORIDA

Zip

34746

Country

USA

3 Mailing Office Address

2956 LUCAYAN HARBOUR CIRCLE

Suite, Apt. #, etc.

3-105

City & State

KISSIMMEE - FLORIDA

Zip

34746

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

09/21/2017

6. FEI Number

38-4048117

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8 Name and Address of Current Registered Agent

Name

CARLA PENHA FERES KONNO

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

2956 LUCAYAN HARBOUR CIRCLE

Apt. #, Etc.

3-105

City

KISSIMMEE

State

FL

Zip Code

34746

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

Carla Penha Feres Konno

REGISTERED AGENT MUST SIGN

Date 04/01/2019

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
AMBR	THIAGO KONNO	2956 LUCAYAN HARBOUR CIR 3-105	KISSIMMEE FLORIDA - 34746
AMBR	CARLA KONNO	2956 LUCAYAN HARBOUR CIR 3-105	KISSIMMEE - FLORIDA - 34746

APR 4 2019

R. HUNT

11. E-mail Address: THKONNO@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 Carla Penha Feres Konno Date 04/01/2019 Daytime Phone # 407-963 8045

Typed or printed name of signing authorized representative/member CARLA PENHA FERES KONNO