LOCOCOCO BEFORE THIS FORM.

LIMITED LIABILITY

COMPANY

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1-00000004106

1. Limited Liability Company's Name

KEENAND ENTERPRISES, JAK. LIC

FILED

03 MAY -7 PM 1:30

SECRETWRY OF STIMILE TALL'AHASSEE, FILIORIDA

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2. Principal Office Address 3. Mailing 0				ce Addres		1				
2. Principal Office Address 14540 CORTEZ BLVD				_	RTEZ BLUD	4. State/Country of Formation				
·			Suite, Apt. #, etc.			FLORIDA				
du savie			SUITE 116.			5. Date Organized or Qualified To Do Business in Florida 1 11 2 00 0				
City & State			City & State			6. FEI Number, Applied For				
BROOKSVILLE, FL			BROOKSVILLE, FL			59-3	59-3695164 Not Applicable			
Zip Country SA		34606 USA			CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent										
	Name AYMANA OSLAGAI									
	Street Address (P.O. Box Number is Not Acceptable) 05/07/0301117013								. 00	
.:	State 7th Code								ر الم	
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SROOKSVILLE FL 3								4600	<u> </u>	
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 Date 4757-7										
Signature of Date 4/25/27										
Registered	Agent		EGISTERED AGE	ENT MUS	T SIGN		Date		&	
10. Names and Street Addresses of Managing Members/Managers										
	Name of			Street Address of Each						
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11. 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 4/2 1/2 2 2 2 1/2 1/2 2 2 2 2 2 2 2 2 2 2										
Managing Member/Manager Date Dayume Priorite Provider Dayume Priorite Prior										
Typed or p	printed name	of signing Managing Membe	er/Manager	ر—حت	1 21111	<u> </u>	1-1416			