

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000004756**

1. Limited Liability Company's Name

K.N. LAND INVESTMENTS, LLC

2. Principal Office Address

3300 PALM AVENUE

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

Zip

33901

Country

3. Mailing Office Address

3300 PALM AVENUE

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

Zip

33901

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

2/1/00

6. FEI Number

65-1002069

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

NICOLASA M. THOMAS

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

19599 VINTAGE TRACE CIRCLE

Suite, Apt. #, Etc.

300004695063-7

-11/27/01--01045--029

******150.00 ****150.00**

City

FT MYERS

State

FL

Zip Code

33912

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

Nicolasa M. Thomas

Date **11-4-01**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NICOLASA M. THOMAS	19599 VINTAGE TRACE CIRCLE, FT. MYERS, FL.	33912
MGRM	KIP THOMAS	19599 VINTAGE TRACE CIRCLE, FT. MYERS, FL.	33912

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
Managing Member/Manager

Nicolasa M. Thomas

Date **11-4-01**

Daytime Phone # **941.454.1095**

Typed or printed name of signing Managing Member/Manager **NICOLASA M. THOMAS**

CR2001 (9/01)