

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:19

1. DOCUMENT # L00000006033

Name and Mailing Address

0014954 01 AB 0.301 \*\*AUTO T6 1 0615 32601-405510



L.T. KIDS, LLC  
1510 NW 13TH STREET  
GAINESVILLE FL 32601-4055



2. New Mailing Address

*no change*

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 05/25/2000

Principal Place of Business  
1510 NW 13TH STREET  
GAINESVILLE FL 32601

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number  
59-3257226

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

TUMARKIN, LISA C  
1510 NW 13TH STREET  
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 *Lisa C Tumarkin* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *11-4-03*

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TUMARKIN, LISA C	1510 NW 13TH ST	GAINESVILLE FL 32601

100024492381  
11/07/03--01003--002 \*\*150.00

**REINSTATEMENT** -03-  
*dec*

12. 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 *Lisa C Tumarkin* **SIGNATURE REQUIRED**

Date *11-4-03* Daytime Phone # *352-372-0018*

Typed or printed name of signing Managing Member/Manager *Lisa C. Tumarkin*