

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

01 NOV 28 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000 8137

1. Limited Liability Company's Name

KATHY'S APPLE, LLC

700004717657--6
-12/10/01--01119--017
****150.00 ****150.00

2. Principal Office Address

730 Dunlawton Ave.

Suite, Apt. #, etc.

Suite G

City & State

Port Orange, Florida

Zip

32127

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/Volusia

5. Date Organized or Qualified
To Do Business in Florida

7/11/01

6. FEI Number

59-3669510

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

Name

Kenneth Lee Cate, Jr.]

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

730 Dunlawton Avenue

Suite, Apt. #, Etc.

Suite G

City

Port Orange

State
FL

Zip Code
32127

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 11/21/2001

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
Member	Kenneth Lee Cate, Jr.	730 Dunlawton Avenue, Ste. G Port Orange, FL 32127	Port Orange, FL 32127

REINSTATEMENT

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 I file 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 the taxes and 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

Date 11/21/2001 Daytime Phone # (386) 756-4488

Typed or printed name of signing Managing Member/Manager