

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAY 11 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

KINGSWAY CONSULTANCY SERVICES LLC

2. Principal Office Address

236 EAST 6th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

701 RENNER ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLORIDA

City & State

WILMINGTON, DELAWARE

Zip

32303

Country

USA

Zip

19810

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

21.7.00

6. PEI Number

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

CORPORATE ACCESS INC

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

236 EAST 6th AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
FL

Zip Code

32303

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

*Day Bernard*

Date

5/11/05

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRENDA COCKSEGE	GOLDEN SANDS NO. 5	mankhol, DUBAI, UA
		PO BOX 9168	

REINSTATEMENT

2003-2005

300054691449  
05/17/05--01071--015 \*\*150.00

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

*B Cocksege*, MGR

Date

5/2/05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

BRENDA COCKSEGE

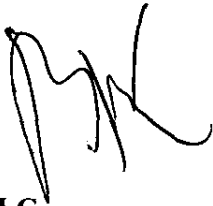
L00000008757  
**Kingsway Consultancy Services  
LLC**

15<sup>th</sup> April, 2005

Division of Corporations Registration Section  
PO Box 6327  
Tallahassee  
FL 32314  
Florida  
USA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

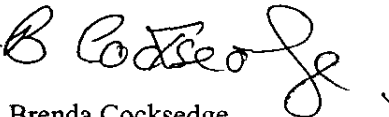
Dear Sirs

  
**Re: Kingsway Consultancy Services LLC**  
**Document #L00000008757**

I am writing to advise that we have not received any annual reports for this company and would be therefore be grateful if you would waive the reinstatement fees.

Thank you in advance for your assistance

Yours faithfully



Brenda Cocksedge  
Manager