

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010092

1. Limited Liability Company's Name

Knett LLC

2. Principal Office Address - No P.O. Box #

331 NW 1st Ave

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

33441

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL / U.S.

5. Date Organized or Qualified
To Do Business in Florida

8/17/2000

6. FEI Number

65-1055437

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

Terance Scott

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

331 NW 1st Ave

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Terance Scott

REGISTERED AGENT MUST SIGN

Date 9/9/09

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	<u>Terance Scott</u>	<u>331 NW 1st Ave Deerfield Beach, FL 33441</u>	<u>Deerfield Beach FL 33441</u>

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REINSTATEMENT 05-09

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

Terance Scott

Date 9/9/09

Daytime Phone # (954) 931-0486

Typed or printed name of signing Managing Member/Manager

Terance Scott