

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

APR 13 AM 11:43

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L00000013542

1. Limited Liability Company's Name

Kingsley Court L.C.

2. Principal Office Address

11421 S.W. 25th Court

Suite, Apt. #, etc.

3. Mailing Office Address

11421 S.W. 25th Court

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

Zip

33325

Country

U.S.

Zip

33325

Country

U.S.

4. State/Country of Formation

Florida/U.S.

5. Date Organized or Qualified
To Do Business in Florida

11/03/2000

6. FEI Number

651067017

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

Salvador, Murcia, Julio

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

11421 S.W. 25th Court

Suite, Apt. #, Etc.

City

Davie,

State

FL

Zip Code

33325

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

REGISTERED AGENT MUST SIGN

Date 4/12/04

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	Vazquez, Oscar M	17255 Willow Wood Drive	Strongsville, Ohio 44136
MGRM	Salvador, Murcia, Julio	11421 S.W. 25th Court	Davie, Florida 33325
MGMR	Alberto, Iznaga, Jorge	16605 N.W. 70th Ave.	Miami Lakes, Florida 33014
			2002 -
			REINSTATEMENT 2003-2004

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

Date 4/12/04

Daytime Phone # (954) 478-5954

Typed or printed name of signing Managing Member/Manager

Julio Salvador Murcia

CR2E041 (10/02)