

# L01000008405

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000008405

1. Limited Liability Company's Name

King Holdings of Sarasota, LLC

2. Principal Office Address

1920 38<sup>th</sup> St. W.

Suite, Apt. #, etc.

3. Mailing Office Address

1920 38<sup>th</sup> St. W.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34205

Country

USA

Zip

34205

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

5/25/2001

6. FEI Number

65-1113205

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

Mary Kelly

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

1920 38<sup>th</sup> St. W.

Suite, Apt. #, Etc.

100018688671

05/12/03--01008--003 \*\*20.00

City

Bradenton

State

FL

Zip Code

34205

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

Mary J. Kelly

REGISTERED AGENT MUST SIGN

Date 5.8.03

### 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	Samir N. Jarallah	1920 38 <sup>th</sup> St. W.	Bradenton, FL 34205
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REINSTATEMENT 03-03 doc

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

Samir N. Jarallah

Date 5/8/03

Daytime Phone # (941) 544-3557

Typed or printed name of signing Managing Member/Manager

Samir N. Jarallah

CR2E041 (10/02)