

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 24 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163992818
12/28/09--01058--014 **377.50

CR2E041 (11/09)

DOCUMENT # 601000011852

1. Limited Liability Company's Name

KASCR HOLDINGS, LLC

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

122 W 27 ST

Suite, Apt. #, etc.

12 FL

City & State

NEW YORK, NY

Zip

10001

Country

USA

3. Mailing Office Address

1125 MAXWELL LANE

Suite, Apt. #, etc.

#651

City & State

HOBOKEN, NJ

Zip

07030

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/19/2001

6. FEI Number

58 2636 931

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

ERIKA LEWIN

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

1675 N. MILITARY TRAIL

Suite, Apt. #, Etc.

FIFTH FLOOR

City

BOCA RATON

State

FL

Zip Code

33486

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/22/09

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
Mgr	KENNETH E. DECKINGER	1125 MAXWELL LANE #651 1125 MAXWELL LANE #651 HOBOKEN, NJ 07030	HOBOKEN, NJ 07030

11. E-mail Address:

KDECKINGER@GMAIL.COM

(To be used for future annual report notifications)

12. 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

[Signature]

Date 12/22/09

Daytime Phone # 917-887-0344

Typed or printed name of signing Managing Member/Manager