

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -9 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # **L 01000013394**

1. Limited Liability Company's Name

K & K ENTERPRISES, L.L.C.

2. Principal Office Address - No P.O. Box #
12000 Cleveland Ave.

3. Mailing Office Address
12000 Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33907

Country
USA

Zip
33907

Country
USA

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified To Do Business in Florida
08/10/2001

6. FEI Number
020559507

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
Kevin S. King

Street Address (P.O. Box Number is Not Acceptable)
14017 Image Lake Ct.

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33907

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

Date **9-25-07**

REGISTERED AGENT MUST SIGN

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	Kevin S. King	14017 Image Lake Ct.	Fort Myers/FL/33907

REINSTATEMENT

~~300109958813~~
09/26/07--01033--013 **150.00

~~300109958813~~
09/26/07--01033--014 **5.00

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

Date **9-25-07** Daytime Phone# **239-841-1400**

Typed or printed name of signing Managing Member/Manager