

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013394

K & K ENTERPRISES, L.L.C.

3. Mailing Office Address
12000 Cleveland Ave.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Country
USACountry
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

Name
Kevin S. King

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

Suite, Apt. #, Etc.

City
Fort Myers

State	Zip Code
FL	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.

Signature of
Registered Agent

Date 9-25-07

REGISTERED AGENT MUST SIGN

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