

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 14 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
REINSTATEMENT  
LO1000013544

DOCUMENT # LO1000013544

1. Limited Liability Company's Name

KARTAL HOLDING LLC

REINSTATEMENT 2002

700009010937  
11/14/02--01107--002 \*\*155.00

2. Principal Office Address

207 Clematis street

Suite, Apt. #, etc.

3. Mailing Office Address

200 Clematis street

Suite, Apt. #, etc.

4. State/Country of Formation

FL Polm Beach

5. Date Organized or Qualified  
To Do Business in Florida

14 August 2001

6. FEI Number

651132865

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

West Palm Beach / FL

Zip

33401

Country

USA

City & State

West Palm Beach / FL

Zip

33401

Country

USA

8. Name and Address of Current Registered Agent

Name

DAVID A. BEALE

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

355 North East 5th Ave

Suite, Apt. #, Etc.

1

#1

City

DELRAY BEACH

State

FL

Zip Code

33483

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

David A. Beale

REGISTERED AGENT MUST SIGN

Date 5/NOV/02

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
Pres.	Turgut Kaytmer	224 10th Ave	W.PB / FL / 33401
Sec of Treas.	Serene Kaytmer	224 10th Ave	WPB / FL / 33401
Gen MAN	SERKAN - ABDULLAH SERLIKOGU	1801 N. Hogler Dr #733	WPB / FL / 33407

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

SERKAN A. SERLIKOGU

Typed or printed name of signing Managing Member/Manager

Date

5/NOV/02

Daytime Phone #

561-6012274

CR2E041 (9/01)