

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 11 AM 10:44

12/12/13

1. DOCUMENT # L01000013795

Name and Mailing Address

0004530 01 FP 0.352 **PRST T4 0 0615 33454-14222
KORKSOFT LLC
PO BOX 541422
LAKE WORTH FL 33454-1422



PB **REINSTATEMENT** 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/17/2001	
Principal Place of Business 6630 SPRING GARDEN RUN LAKE WORTH FL 33463 PB.		6. FEI Number 65-1147796	
8. Name and Address of Current Registered Agent KORKIN, JASON M 6630 SPRING GARDEN RUN LAKE WORTH FL 33463		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 300009472233 12/11/02-01061-003 **150.00 FL Zip Code			
10. 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 12-9-2002 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KORKIN, JASON M	PO BOX 541422	LAKE WORTH FL 33454
REINSTATEMENT 2002			

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 Date 12/9/2002 Daytime Phone # 561-642-7005

Typed or printed name of signing Managing Member/Manager JASON KORKIN

CR2E084 (8/02)