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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000014712

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 12 AM 10: 19

1. DOCUMENT # L01000014712

Name and Mailing Address

0005395 01 FP 0.352 **PRSRT T7 0 0615 34102-151866
KRISTIANNA'S, L.L.C.
1566 MULLET LANE
NAPLES FL 34102-1518

REINSTATEMENT 2002

2. New Mailing Address	**4.** State/Country of Formation
14691 Lake olive dr	FL
City, State, Zip	**5.** Date Organized or Qualified To Do Business in Florida
Ft. Myers FL 33919	08/27/2001

Principal Place of Business	**3.** New Principal Place of Business Address	**6.** FEI Number	Applied For
1566 MULLET LANE NAPLES FL 34102		593732625	Not Applicable
	City, State, Zip	**7.** CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	**9.** Name and Address of New Registered Agent
SELMAN, LOUIS E 1566 MULLET LANE NAPLES FL 34102	Name Patricia Selman
	Street Address (P.O. Box Number is Not Acceptable)
	14691 Lake olive dr
	City Ft. Myers FL Zip Code 33919

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 _Patricia Selman_
REGISTERED AGENT MUST SIGN   Date 11-5-02

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
owner	Patricia Selman	14691 Lake olive dr	Ft. Myers, FL, 33919
		300008944583 11/12/02--01143--008 **150.00	

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 _Patricia Selman_   Date 11-5   Daytime Phone # 941-593-3844

Typed or printed name of signing Managing Member/Manager _____