

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017649

Name and Mailing Address

0014637 01. AT 0.292 **AUTO T3 2 0615 34119-462328



M.B.K. SALES, LLC
228 MONTEREY DRIVE
NAPLES FL 34119-4623



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/11/2001

Principal Place of Business
228 MONTEREY DRIVE
NAPLES FL 34119

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-2794461

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

KOHAN, MICHAEL B
228 MONTEREY DRIVE
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name

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

City

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

Michael B. Kohan
REGISTERED AGENT MUST SIGN

Date 10-23-03

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
MGRM	KOHAN, MICHAEL B	228 MONTEREY DRIVE	NAPLES FL 34119

100024266991
10/30/03--01011--004 **150.00

REINSTATEMENT

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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

Michael B. Kohan
Date 10-23-03

Daytime Phone # 239-352-7876

Typed or printed name of signing Managing Member/Manager

MICHAEL B. KOHAN

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10/23/2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: MBK Sales LLC #L01000017649

Dear Secretary:

Unfortunately, we did not receive the notification for the renewal of our LLC status.

Please find our check #6599 in the amount of \$150.00 along with the Application for Reinstatement of the LLC listed above.

Should you have any questions regarding the enclosed, please feel free to contact me at 239-352-7876.

Sincerely,



Michael B. Kohan
M.B.K. Sales, LLC
228 Monterey Drive
Naples, Florida 34119
.mbksales@swfla.rr.com