

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 NOV -9 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018591

1. Limited Liability Company's Name

KING'S MANOR Bed & Breakfast  
322 King Street  
Oviedo FL 32765

2. Principal Office Address - No P.O. Box #

322 KING STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

FL

Zip

32765

Country

USA

Zip

FL

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

4/18/02

6. FEI Number

59-3751119

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

Name Roberta McQueen

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

322 King St

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

E-mail Address:

100214062351  
11/07/11--01056--008 \*\*238.75

(To be used for future annual report notices)

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

Roberta McQueen

Date

10/30/11

REGISTERED AGENT MUST SIGN

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
MGR	McQueen, Roberta	322 King St	Oviedo, FL 32765
MGRM	McQueen, Paul	322 King St	Oviedo, FL 32765

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Roberta McQueen

Date

10/30/11

Daytime Phone #

407-365-4200

Typed or printed name of signing Managing Member/Manager