

# L01000019389

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2003 SEP 18 AM 12:34

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L01000019389

**1. Limited Liability Company's Name**

KAZMAIER Holdings LLC

**2. Principal Office Address**

1583 E. Silver Star Rd.

Suite, Apt. #, etc.

Suite 247

City & State

Odessa, FL

Zip

34761

Country

USA

**3. Mailing Office Address**

1583 E. Silver Star Rd.

Suite, Apt. #, etc.

Suite 247

City & State

Odessa, FL

Zip

34761

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

11/07/2001

**6. FEI Number**

22-3851928

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

Robert Kazmaier

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

115 112th Ave. NE

Suite, Apt. #, Etc.

Apt. 106

City

St. Petersburg

State

FL

Zip Code

33716

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9-9-03

**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
MGRM	James Kazmaier II	3425 Crooked Tree Dr.	Mason, OH 45040
MGRM	Robert Kazmaier	115 112th Ave. NE Apt. 106	St. Petersburg, FL 33716
MGRM	Kurt Kazmaier	84K Windtree Lane	Winter Garden, FL 34787

**REINSTATEMENT**

2002-03-22

**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

*[Signature]*

Date

9-12-03

Daytime Phone #

407-684-8896

Typed or printed name of signing Managing Member/Manager

Kurt Kazmaier

CR2E041 (10/02)