

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**

04 JAN 30 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L01000020439

Name and Mailing Address

0013221 01 AT 0.292 \*\*AUTO T8 1 0615 34957-554611



**KASSTEPHENS MULTI SERVICES, LLC**  
**2311 NE CENTER CIRCLE**  
**JENSEN BEACH FL 34957-5546**



|   |  |  |   |
|---|--|--|---|
| 2. New Mailing Address  |  | 4. State/Country of Formation<br>FL  |   |
| City, State, Zip  |  | 5. Date Organized or Qualified<br>To Do Business in Florida 11/27/2001   |   |
| Principal Place of Business<br>2311 NE CENTER CIRCLE<br>JENSEN BEACH FL 34957 | 3. New Principal Place of Business Address | 6. FEI Number<br>NOT APPLICABLE  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| City, State, Zip  |  | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required<br>for a Certificate of Status |   |

|   |  |  |
|---|--|--|
| 8. Name and Address of Current Registered Agent                       | 9. Name and Address of New Registered Agent        |  |
| PERKINS, KATHLEEN S<br>2311 NE CENTER CIRCLE<br>JENSEN BEACH FL 34957 | 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 Kathleen Sheehan Perkins **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 1/28/2004

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   | PERKINS, KATHLEEN                 | 2311 NE CENTER CIRCLE                          | JENSEN BEACH FL 34957 |
| 800027981578<br>01/30/04--01063--037 **205.00 |                                   |  |                       |
| <b>REINSTATEMENT</b> 03-04 cus<br>dcs         |                                   |  |                       |

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 Kathleen Sheehan Perkins **SIGNATURE REQUIRED** Date 1/28/2004 Daytime Phone # 772-334-0808

Typed or printed name of signing Managing Member/Manager KATHLEEN SHEEHAN PERKINS

CR2E034 (7/03)