

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -2 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

3/2

DOCUMENT # **L02000008739**

1. Limited Liability Company's Name

**CHARACTER AMERICA LLC**

2. Principal Office Address

**14382 Commerce Way.**

Suite, Apt. #, etc.

City & State

**Miami Lakes FL**

Zip

**33016**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**FL, USA**

5. Date Organized or Qualified  
To Do Business in Florida

**JAN 2002**

6. FEI Number

**03-0428629**

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

**KENNEDY, CHRISTOPHER**

Street Address (P.O. Box Number)

**15951 SW 41ST STREET, SUITE 300  
DAVIE, FL 33331**

Suite, Apt. #, Etc.

City

**REINSTATEMENT**

State

Zip Code

**FL**

**2003-2004**

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

REGISTERED AGENT MUST SIGN

Date **2-16-04**

**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
PRES	CHRISTOPHER KENNEY	14382 Commerce Way	Miami Lakes FL 33016
Vice PRES	RODNEY WHEELER	14382 Commerce Way	Miami Lakes FL 33016
		2000028353 772	
		02/06/04 01042 003	
		\$ 250.00	

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

Date **2-16-04**

Daytime Phone # **954-829-4530**

Typed or printed name of signing Managing Member/Manager

**CHRISTOPHER KENNEY**

CR2E041 (10/02)