

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 MAR 11 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008776

Name and Mailing Address

0002610 01 AT 0.292 **AUTO T1 0 0615 32571-973680

KWASIN-SMITH, L.L.C.
3260 COPPERHAWK FARM ROAD
PACE FL 32571-9736

000025770620
12/26/03--01031--004 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3260 COPPERHAWK FARM ROAD PACE FL 32571		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida 04/12/2002		6. FEI Number 01-0671699	
7. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SMITH, ROBERT H 3260 COPPERHAWK FARM ROAD PACE FL 32571		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 12/18/03

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
MGR	Robert H. Smith	3260 Copperhawk Farm Rd.	Pace, FL 32571

000025770620
01/28/04--01022--002 **50.00

REINSTATEMENT

02-03

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

[Signature]

Date 12/18/03

Daytime Phone #

850.434-3434

Typed or printed name of signing Managing Member/Manager