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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L02000015299

Name and Mailing Address

0013130 01 AT 0.292 **AUTO T7 0 0615 33498-620567



KPC PROPERTIES, LLC
11767 BAYFIELD DRIVE
BOCA RATON FL 33498-6205



US

2. New Mailing Address 5101 SW 12TH CT City, State, Zip North Lauderdale, FL 33068		4. State/Country of Formation FL	
Principal Place of Business 11767 BAYFIELD DRIVE BOCA RATON FL 33498 US		3. New Principal Place of Business Address 5101 SW 12TH CT City, State, Zip North Lauderdale FL 33068	
5. Date Organized or Qualified To Do Business in Florida 06/19/2002		6. FEI Number ☒ 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 TILLEY, MICHAEL R 2000 GLADES ROAD SUITE 208 BOCA RATON FL 33431	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900024568549 11/10/03--01087--004 **150.00 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: Date:	
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
MGRM	PERSAUD, KRISHNA	11767 BAYFIELD DRIVE	BOCA RATON FL 33431
MGRM	SUMENTRA, PERSAUD	11767 BAYFIELD DRIVE	BOCA RATON FL 33431
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:		Date 11/6/03 Daytime Phone # 561-756-5438	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)