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PLEASE READ ALL INSTRUCTIONS BEFOR

COMPLETING THIS FORM.

4. State/Country of Formation

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000019900

Name and Mailing Address

FILED 04 MAR - 3 AH II: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0002731 01 AT 0.292 **AUTO T3 0 0615 32708-492139 tallaaldadhadadalaitisaadiiadhallaitaatil KAYJAY CREATIVE, LLC 439 BUCKCKIN CT WINTER SPRINGS FL 32708-4921

600026041916 01/06/04--01003--030 **150.00

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| 2. New Mailing Address 4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 7. CERTIFICATE OF STATUS DESIRED TO Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 8. Name and Address of Current Registered Agent FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 8. Name and Address of Current Registered Agent FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 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 REGISTERED AGENT MUST SIGN 15. Date 13-30-03 |
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| 3. New Principal Place of Business Address 439 BUCKCKIN CT WINTER SPRINGS FL 32708 3. New Principal Place of Business Address 439 BUCKCKIN CT WINTER SPRINGS FL 32708 3. New Principal Place of Business Address 5. FEI Number 57 On 2 Not Applicable Not Applicabl |
| WINTER SPRINGS FL 32708 City, State, Zip W: Aftr Springs, Fl 32708 8. Name and Address of Current Registered Agent FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 Rock Rumber is Not Acceptable) City Street Address (P.O. Box Rumber is Not Acceptable) W: Aftr Springs, Fl 32708 City Street Address (P.O. Box Rumber is Not Acceptable) W: Aftr Springs, Fl FL Zip Code 33 708 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 13-30-03 |
| City, State, Zip W: her Spr: ngs, Fl 32708 8. Name and Address of Current Registered Agent FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 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 City W: her Spr: ngs, Fl 7. CERTIFICATE OF STATUS DESIRED 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 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 13-30-03 |
| 8. Name and Address of Current Registered Agent FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 City City Winter Springs, Fl FL Zio Code 32 708 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 13-30-03 |
| FRENCH, DARRELL J 439 BUCKCKIN CT WINTER SPRINGS FL 32708 Street Address (P.O. Box Number is Not Acceptable) Liko Buckskin c+ City Winter Springs, Fl FL Zio Code 32 708 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 13-30-03 |
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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 |
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| |
| REGISTERED AGENT MUST SIGN |
| () |
| 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each City (State / To |
| Title(s) Name of Managing Street Address of Each Members/Managers Street Address of Each Managing Member/Manager City / State / Zip |
| Manager Mr. Darrell J. French -460-Bockskn Ct. Winks Springs FI 32708 |
| |
| 600020041916 99/98/94 - 08121-081 **150,00 |
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| REINSTATEMENT 03-0-4 |
| 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 130s. F.S. I further certify that when filling 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 Manager Date 12-30-03 Daytime Phone # 321-277-7642 |