

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000022447

1. Limited Liability Company's Name

Kylasam, LLC

2. Principal Office Address - No P.O. Box #

602 E. Alexander Street

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33563

Country

US

3. Mailing Office Address

4420 FM 1960 West

Suite, Apt. #, etc.

Suite 224

City & State

Houston, Texas

Zip

77068

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/26/2002

6. FEI Number

61-1423703

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status.**

CR2E041 (1/11)

E-mail Address:

**300221900343
02/14/12--01018--009 **568.75**

tracie.galindo@cncinvestments.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name **John K. Keating**

Street Address (P.O. Box Number is Not Acceptable)
250 East Colonial Drive, Suite 300

Suite, Apt #, Etc.

City
Orlando

State
FL

Zip Code
32801

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

1/15/12

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
MGR	Kylasam Corporation	4420 FM 1960 West, Suite 224	Houston, Texas 77068

REINSTATEMENT 2009-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

1/30/12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Chowdary Yalamanchili**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2012

TRACIE GALINDO
4420 FM 1960 WEST, SUITE 224
HOUSTON, TX 77068

SUBJECT: KYLASAM, LLC
Ref. Number: L02000022447

We have received your document for KYLASAM, LLC and your check(s) totaling \$568.75. However, the document has not been filed and is being retained in this office for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2012; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$655.00.

There is a balance due of \$111.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 412A00006980