

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027613

1. Limited Liability Company's Name

King and Eye, LLC

2. Principal Office Address

1533 N Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Office Address

1533 N Federal Hwy  
Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

Zip

Country

33304

US

City & State

Ft Lauderdale, FL

Zip

Country

33304

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified  
To Do Business in Florida

10-18-02

6. FEI Number

61-1442221

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

Susan M King

Street Address (P.O. Box Number is Not Acceptable)

1533 N Federal Highway

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33304

700032762537  
04/14/04--01067--008 \*\*200.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

04/08/04

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
mm	Susan M. King	1533 N Federal Hwy.	Ft Lauderdale, FL 33304

REINSTATEMENT 03-04

*[Signature]*

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

*[Signature]*

Date

04/08/04

Daytime Phone #

954 564-1808

Typed or printed name of signing Managing Member/Manager

Suzie King

CR2E041 (10/02)