

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000027613

1. Limited Liability Company's Name

King and Eye, LLC

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

1533 N. Federal Hwy.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

1533 N. Federal Hwy.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

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

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

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

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

Date

03/31/2007

Daytime Phone #

954-944-1808

Typed or printed name of signing Managing Member/Manager

Susan M. King

FILED

2007 APR -5 AM 10:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)

4. State/Country of Formation

FL/USA

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

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

[Handwritten signature]

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04/11/07-01033-003 **250.00
REINSTATEMENT 05-07