

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 25 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028789

1. Limited Liability Company's Name

My Kids ATM, LLC

700039740717
07/30/04--01074--001 **200.00

2. Principal Office Address

140 17th Avenue N

3. Mailing Office Address

140 17th Avenue N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

10/29/02

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

6. FEI Number

04-3727935

Applied For

Not Applicable

Zip

33704

Country

US

Zip

33704

Country

US

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michelle Kline

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

140 17th Avenue N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

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

Michelle Kline

Date 7/1/04

REGISTERED AGENT MUST SIGN

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	MICHELLE KLINE	140 17th Avenue N.	St. Petersburg, FL 33704

REINSTATEMENT

2003
2004

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

Michelle Kline

Date 7/1/04

Daytime Phone # (727) 327-1239

Typed or printed name of signing Managing Member/Manager

Michelle Kline