

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 21 AM 9:09

DOCUMENT # L02000030055

1. Limited Liability Company's Name

GARRETT/KASSAN, LLC

2. Principal Office Address

807 Tuscany Street

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33511

Country

Hillsborough

3. Mailing Office Address

807 Tuscany Street

Suite, Apt. #, etc.

City & State

Brandon, Florida

Zip

33511

Country

Hillsborough

CR2E041 (8/05)

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

753077720

☐ 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

Lewis Garrett

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

807 Tuscany Street

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

4/9/06

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
MGRM	Andrew E. Kassan	9205 Meadow Lane Court	Tampa, FL 33647

800076651618
05/27/06--01062--022 **200.00

REINSTATEMENT 05-06

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

4/9/06

Daytime Phone #

813-655-6383

Typed or printed name of signing Managing Member/Manager

Andrew Kassan