

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -3 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900132098889
07/02/08--01037--007 **\$93.75

CR2E041 (12/07)

DOCUMENT # L03000013538

1. Limited Liability Company's Name
Konner Ann LLC

2. Principal Office Address - No P.O. Box # 120 Baltic Circle		3. Mailing Office Address 120 Baltic Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33606	Country Hillsborough	Zip 33606	Country Hillsborough

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 4/14/2003	
6. FFI Number 911775564	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
John B. Brewer Jr.

Street Address (P.O. Box Number is Not Acceptable)
1718 E. 7th Avenue

Suite Apt # Flr.
301

City
Tampa

State
FL

Zip Code
33605

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.

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 *John B. Brewer Jr.* REGISTERED AGENT MUST SIGN

Date June 27, 2008

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	JOEL W. BREWER	120 BALTIC CIRCLE	TAMPA, FLORIDA 33606

REINSTATEMENT 04-08 *CB*

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 *Joel W. Brewer* Date June 27, 2008 Daytime Phone # 813-294-2658