

LD3000017977

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY -4 AM 10:16

DOCUMENT # LD3000017977

1. Limited Liability Company's Name

K-9 KINGDOM, LLC

CR2E041 (1/07)

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

3285 BOGGY CREEK RD

Suite, Apt. #, etc.

3. Mailing Office Address

3228 Boggy Terrace Dr.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

4. State/Country of Formation

FLORIDA - U.S.A

5. Date Organized or Qualified
To Do Business in Florida

May 19, 2003

6. FEI Number

58-2671200

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

Jackie Traynor

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

3228 BOGGY TERRACE DR.

Suite, Apt. #, Etc.

City

KISSIMMEE, FL

State

FL

Zip Code

34744

☒ 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

Jackie Traynor
REGISTERED AGENT MUST SIGN

Date May 3, 2007

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
CPO	Jackie Traynor	3228 Boggy Terrace Dr	Kissimmee, FL 34744
			800102525466 05/19/07--01038--011 **200.00
			REINSTATEMENT 04-07
			[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

Jackie Traynor

Date

5/3/07

Daytime Phone #

407-518-0522

Typed or printed name of signing Managing Member/Manager

Jackie Traynor