

PLEASE READ ALL 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

06 OCT 31 PM 4:43

DOCUMENT # L030000018757

1. Limited Liability Company's Name

K.M.J. LLC

CR2E041 (8/05)

2. Principal Office Address

2404 Hollywood Blvd
Suite, Apt. #, etc. -

City & State

Hollywood FL

Zip

Country

33020 US

3. Mailing Office Address

Same
Suite, Apt. #, etc. -

City & State

-

Zip

Country

- -

4. State/Country of Formation

FL Broward

5. Date Organized or Qualified
To Do Business in Florida

5-23-03

6. FEI Number

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

Dennis Schaefer, esq

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

2404 Hollywood Blvd

Suite, Apt. #, Etc. -

City

Hollywood

900081391579
10/31/06--01061--004 **250.00

State

FL

Zip Code

33020

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

[Signature]

Date

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
<u>mgm</u>	<u>Dennis Schaefer</u>	<u>2404 Hollywood Blvd</u>	<u>Hollywood FL 33020</u>

REINSTATEMENT 2004-06

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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Dennis L. Schaefer