

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026069

1. Limited Liability Company's Name

K.M. Solutions, LLC

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

8807 N. River Road

Suite, Apt. #, etc.

3. Mailing Office Address

8807 N. River Road

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33035

Country

USA

Zip

33035

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

07/14/2003

6. FEI Number

27-0069368

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

Keith Kabza

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

8807 N. River Road

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33035

☐ 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

Keith Kabza
REGISTERED AGENT MUST SIGN

Date

10/15/08

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	Kabza, Keith	8807 N. River Rd	TAMPA, FL 33035
MGR	Kabza, Kerry	400 E. Diehl Rd. Suite 160	Naperville, IL 60563
MGR	Gennaro, Dennis	12748 Farmhill Lane	Rosemont, IL 60018
REINSTATEMENT <u>0018</u>			NOV - 5 2008
			EXAMINER

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

Keith Kabza

Date

10/14/08

Daytime Phone #

(630) 799-9310

Typed or printed name of signing Managing Member/Manager

KEITH KABZA

FILED

08 NOV -4 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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