

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 4:42

**DOCUMENT #**

1. Limited Liability Company's Name

K.C. Designs, LLC  
LD3000031198

CR2E041 (8/05)

2. Principal Office Address

115 US Highway One  
Suite, Apt. #, etc.

3. Mailing Office Address

115 US Highway One  
Suite, Apt. #, etc.

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

8/20/2003

6. FEI Number

861080728

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

North Palm Beach, FL

Zip

33408

Country

USA

City & State

N. Palm Beach, FL

Zip

33408

Country

USA

**8. Name and Address of Current Registered Agent**

Name

Kimberly K Cuillo

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

115 US Highway One

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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]*  
REGISTERED AGENT MUST SIGN

Date 10/25/06

**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
DP	Kimberly K Cuillo	115 US Highway One	N Palm Beach/FL/33408

**REINSTATEMENT** 2005-06

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 10/25/06

Daytime Phone# (561) 840-0611

Typed or printed name of signing Managing Member/Manager Kimberly K Cuillo