

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 JUL 21 AM 11:19

DOCUMENT # L03000053060

1. Limited Liability Company's Name

K & K, LLC

CR2E041 (8/05)

2. Principal Office Address
527 EAST PORT DRIVE

3. Mailing Office Address
527 EAST PORT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip
32750

Country
USA

Zip
32750

Country
USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida 12-15-2003

6. FEI Number 141904823

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
KENT L MEGGS JR

Street Address (P.O. Box Number is Not Acceptable)
527 EAST PORT DRIVE

Suite, Apt. #, Etc.

City
LONGWOOD

State
FL

Zip Code
32750

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

Kent Meggs
REGISTERED AGENT MUST SIGN

Date 7-17-06

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
MGRM	KENT L MEGGS JR	527 EAST PORT DRIVE	LONGWOOD FL 32750
			500078270535 08/02/06--01033--007 **255.00
			REINSTATEMENT 04-06

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

Kent Meggs

Date 07-07-06 Daytime Phone # 321-689-7027

Typed or printed name of signing Managing Member/Manager KENT L MEGGS JR