

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 DEC 29 AM 8:30

DOCUMENT # **L04000005316**

1. Limited Liability Company's Name

McKown Family, LLC

CR2E041 (8/05)

2. Principal Office Address

4712 West Laurel Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33629

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

January 14, 2004

6. FEI Number

20-0710525

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

Temple H. Drummond, Esq.

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

328 West Bearss Avenue

Suite, Apt. #, Etc.

City

Tampa, Florida 33613

State

FL

Zip Code

33613

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

*Temple H. Drummond*  
REGISTERED AGENT MUST SIGN

Date 12/21/2006

**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
MM	Stuart McKown	4712 West Laurel Road	Tampa, Florida 33629
M	Lynette McKown	4712 West Laurel Road	Tampa, Florida 33629
M	Nicole McKown	4712 West Laurel Road	Tampa, Florida 33629
M	Brant McKown	4712 West Laurel Road	Tampa, Florida 33629
M	Khalei McKown	4712 West Laurel Road	Tampa, Florida 33629
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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

*Stuart McKown*

Date 12-21-06

Daytime Phone # (813) 884-3444

Typed or printed name of signing Managing Member/Manager

Stuart McKown