

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000009442

1. Limited Liability Company's Name

KAREN A. DEMARIA, LLC

2. Principal Office Address
529 WESTSIDE ROW

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

Zip Country
32095 US

3. Mailing Office Address
529 WESTSIDE ROW

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

Zip Country
32095 US

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

06/23/2005

6. FEI Number

900123819

☒ 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

KAREN A. DEMARIA

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

Suite, Apt. #, Etc.

SUITE 2400

City
ST AUGUSTINE

State
FL

Zip Code
32095

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** x

[Signature]
REGISTERED AGENT MUST SIGN

Date 09/23/2006

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
MGRM	KAREN A. DEMARIA	529 WESTSIDE ROW	ST AUGUSTINE FL 32095
			200080689698 10/10/05--01060--024 **100.00

REINSTATEMENT 2005-2006

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** x

[Signature]

Date 09/26/2006

Daytime Phone # 904-728-5831

Typed or printed name of signing Managing Member/Manager KAREN A. DEMARIA, MANAGING MEMBER

DATE: 09-26-2006

L04000009442

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: KAREN A. DEMARIA, LLC
KAREN A. DEMARIA

BK

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 797 7058.

THANKS,



KAREN A. DEMARIA, LLC
KAREN A. DEMARIA