

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000015063

1. Limited Liability Company's Name

Michael Kravec LLC

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

257 SW Futch Place

Suite, Apt. #, etc.

City & State

Ft. White FL

Zip

32038

Country

USA

3. Mailing Office Address

257 SW Futch Place

Suite, Apt. #, etc.

City & State

Ft. White FL

Zip

32038

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

2/25/04

6. FEI Number

200804584

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

Michael D. Kravec

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

257 SW Futch Place

Suite, Apt. #, Etc.

City

Ft. White

State

FL

Zip Code

32038

☒ 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

[Signature]

Date 9/21/07

REGISTERED AGENT MUST SIGN

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
<u>MANAGER</u>	<u>Michael D. Kravec</u>	<u>257 SW Futch Place</u>	<u>Ft. White, FL</u> <u>32038</u>

**REINSTATEMENT**

05-07

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 9/21/07

Daytime Phone # (888) 481-3709

Typed or printed name of signing Managing Member/Manager

Michael D. Kravec

386

FILED

07 OCT -9 PM 2:45

SECURITY STATE  
TALLAHASSEE, FLORIDA

600110013006  
09/27/07--01037--019 \*\*250.00

CR2E041 (1/07)