

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

19 FEB -7 PM 4:37

**DOCUMENT #** L04000015514

1 Limited Liability Company's Name  
Kerwin LLC

200323524922  
01/18/19--01005--005 \*\*793.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
c/o 1120 Bloomfield Ave.

3. Mailing Office Address

Suite, Apt. #, etc  
Suite 100

Suite, Apt. #, etc

City & State  
West Caldwell, NJ

City & State

Zip  
07006

Country

Zip

Country

4 State/Country of Formation  
FL/US

5 Date Organized or Qualified  
To Do Business in Florida 2/26/04

6 FEI Number  
51-0499908

☐ 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  
James Kerwin

Street Address (P.O. Box Number is Not Acceptable) Suite,  
100 Worth Ave.

Apt. #, Etc  
#611

City  
Palm Beach

State  
FL

Zip Code  
33480

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date 1/17/19

REGISTERED AGENT MUST SIGN

**10 Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	James Kerwin	100 Worth Ave., #611	Palm Beach, FL 33480

11. E-mail Address: jgangemi@kerwincommunications.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 1/17/19

Daytime Phone # 973-710-4721

Typed or printed name of signing authorized representative/member James Kerwin