

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 MAY -1 AM 11:05

DOCUMENT # L04000016009

1. Limited Liability Company's Name

Mark Kuonen's Remodeling, LLC

CR2E041 (8/05)

2. Principal Office Address

1827 Zaminder St NW

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Same

Zip

32907

Country

USA

Zip

32907

Country

USA

4. State/Country of Formation

FL / Brevard

5. Date Organized or Qualified
To Do Business in Florida

1999

6. FEI Number

200804828

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

MARK A. KUONEN

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

1827 Zaminder St. NW

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

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

5/5/06

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
MNG	MARK A. KUONEN	SAME	SAME

000075107530
05/22/05-01059-012 **200.00

REINSTATEMENT 05-06

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

[Signature]

Date

5/5/06

Daytime Phone #

(321) 728-3023

Typed or printed name of signing Managing Member/Manager

MARK A. KUONEN