

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L04000016597

FILED

06 OCT 24 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800081161238

CR2E041 (8/05)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name  
KARBECK, LLC

2. Principal Office Address  
15860 SW 106TH TERRACE

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip Country  
33196 USA

3. Mailing Office Address  
15860 SW 106TH TERRACE

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip Country  
33196 USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

Suite, Apt. #, Etc.

City  
TALLAHASSEE, FL

State Zip Code  
FL 32301

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

REGISTERED AGENT MUST SIGN

Date 10/23/2006

**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	MICHAEL KARNER	15860 SW 106TH TERRACE	MIAMI FL 33196

REINSTATEMENT 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 /S/ Michael Karner

Date 10/23/2006

Daytime Phone# 786-210-3530

Typed or printed name of signing Managing Member/Manager Michael Karner



CORPORATION SERVICE COMPANY

L 040000016597

ACCOUNT NO. : 072100000032

REFERENCE : 546763 7422510

AUTHORIZATION

COST LIMIT

*[Signature]*  
\$ 350.00

FILED  
06 OCT 24 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 23, 2006

ORDER TIME : 12:28 PM

ORDER NO. : 546763-005

CUSTOMER NO: 7422510

150.00

DOMESTIC FILINGS

NAME: KARBECK, LLC

*[Signature]*

XX REINSTATEMENT

RECEIVED  
06 OCT 21 PM 2:47  
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick - Ext# 2950

EXAMINER'S INITIALS \_\_\_\_\_