

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L040000614597

1. Limited Liability Company's Name

Karbeck, LLC

09 NOV 15 PM 12:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300162842233
11/16/09--01006--010 **377.50

CR2E041 (10/09)

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

12588 SW 98 St.

Suite, Apt. #, etc.

Suite A

City & State

miami FL 33186

Zip

33186

Country

USA

3. Mailing Office Address

15860 SW 106 ter.

Suite, Apt. #, etc.

City & State

miami FL

Zip

33196

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/2/2004

6. FEI Number

412128893

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

Katherine Karner

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

15860 SW 106 ter

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33196

☐ 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 recieved
and requesting the \$100 reinstatement fee be
waived

300162842233

11/16/09--01006--010 **377.50

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

11/9/09

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
man	Katherine Karner	15860 SW 106 ter	miami, FL 33196
mar	Michael Karner	15860 SW 106 ter.	miami, FL 33196

S. HAWKES

NOV 16 2009

EXAMINER

11. E-mail Address: _____

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

11/9/09

Daytime Phone #

305 270 0230

Typed or printed name of signing Managing Member/Manager _____