

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000036606

1. Limited Liability Company's Name

K&L HOLDING LLC

FILED

12 MAY -2 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400227027954
04/02/12--01018--001 **680.00

CR2E041 (1/11)

09-12

2. Principal Office Address - No P.O. Box # 1040 Biscayne Blvd		3. Mailing Office Address 1040 Biscayne Blvd	
Suite, Apt. #, etc. Suite 4602		Suite, Apt. #, etc. Suite 4602	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33132	Country USA	Zip 33132	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 05/13/2004	
6. FEI Number 383702214	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 David Hatton			
Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle			
Suite, Apt. #, Etc. Suite 1150			
City Coral Gables	State FL	Zip Code 33134	

E-mail Address: REINSTATEMENT kimberlydiamant@gmail.com (To be used for future annual report notices)

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 Date 3/27/2012
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
MGR	Kimberly Diamant	1040 Biscayne Blvd, #4602	Miami, FL. 33132
MGR	Zoya Garoche	145 6th Avenue, Soho	New York, NY 10013
MGR	Katia Garoche	1040 Biscayne Blvd, #4602	Miami, FL. 33132
MGR	Enzo Garoche	1040 Biscayne Blvd, #4602	Miami, FL. 33132
			B. BOSTICK
			MAY - 3 2012

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 I am 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. 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 Managing Member/Manager Date March 27, 2012 Daytime Phone # 305-213-8764
Typed or printed name of signing Managing Member/Manager AS ATTORNEY IN FACT OF KIMBERLY DIAMANT Manager (by and through Power of Attorney dated 5/23/2008)