

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 30 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000038203

1. Limited Liability Company's Name

K.C. Construction LLC

CR2E041 (10/08)

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

1873 Wax Myrtle Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

1873 Wax Myrtle Dr.
Suite, Apt. #, etc.

City & State

Tallahassee FLA.

City & State

Tallahassee FLA.

Zip

32305

Country

USA

Zip

32305

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

05/20/2004

6. FEI Number

20-0091155

☐ 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 Keith Lester

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

1873 Wax Myrtle Dr.

Suite, Apt. #, Etc.

City Tallahassee

State

FL

Zip Code

32305

☐ 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 received and requesting the \$100 reinstatement be waived.

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

Keith Lester

Date 1-30-09

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
<u>MGEM</u>	<u>Keith Lester</u>	<u>1873 Wax Myrtle Dr.</u>	<u>Tallahassee FLA. 32305</u>

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REINSTATEMENT

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

Keith Lester

Date 1-30-09

Daytime Phone # (850) 559-5569

Typed or printed name of signing Managing Member/Manager