

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

10 MAY 11 AM 7:42

DOCUMENT # L04000039927

1. Limited Liability Company's Name

Village Korner, LLC

JK
08 WIO-20883

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

5263 Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1282 4th St.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34242

Country

U.S.

City & State

Sarasota, FL

Zip

34236

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/2/2001

6. FEI Number

161702195

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

Thomas A. Dieter

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

c/o Action Association Management

Suite, Apt. #, Etc.

1282 4th St.

City

Sarasota

State

FL

Zip Code

34236

☒ 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

Thomas A. Dieter

REGISTERED AGENT MUST SIGN

Date 4-15-10

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	Thomas A. Dieter	1282 4th St.	Sarasota, FL 34236
MGR	Marvin Kagan	5263 Ocean Blvd.	Sarasota, FL 34242
REINSTATEMENT 2008-2010			100177206311 04/23/10--01009--004 **277.50 CR2E041 (11/09)
		REINSTATEMENT 08-2010	

11. E-mail Address: tomi@actionmgt.biz

12. 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

Thomas A. Dieter

Date

4/15/10

Daytime Phone #

941-373-0008

Typed or printed name of signing Managing Member/Manager