

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**

REINSTATEMENT

2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY -1 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000042485**

1. Limited Liability Company's Name

Kai Properties, L.L.C.

300259760823
05/01/14--01031--013 **377.50

CR2E041 (1/14)

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

817 Pink Camellia Court

Suite, Apt. #, etc.

3. Mailing Office Address

817 Pink Camellia Court

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Apopka, Florida

Zip

32712

Country

USA

Zip

32712

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 1, 2004

6. FEI Number

16-1703076

☐ 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

John A. Bullock

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

817 Pink Camellia Court

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

John A. Bullock

REGISTERED AGENT MUST SIGN

Date **4-29-14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Angela M. Register	1201 Piedmont Lakes Blvd.	Apopka, Florida 32703
Mgr	Michael W. Register	1201 Piedmont Lakes Blvd	Apopka, Florida 32703
Mgr	Patrica A. Bullock	817 Pink Camellia Court	Apopka, Florida 32712
Mgr	John A. Bullock	817 Pink Camellia Court	Apopka, Florida 32712

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

John A. Bullock

Date **April 29, 2014**

Daytime Phone # **(407) 342-0611**

Typed or printed name of signing Authorized Representative/Manager **John A/ Bullock**