

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

05 OCT 19 AM 10:47

DOCUMENT # 204000043827

1. Limited Liability Company's Name

Kelly's Repair

CR2E041 (8/05)

2. Principal Office Address

2426 pioneer

Suite, Apt. #, etc.

Home

City & State

N.S.B. Fla.

Zip

32168

Country

Volusia

3. Mailing Office Address

2426 pioneer trail

Suite, Apt. #, etc.

Home

City & State

N.S.B. Fla.

Zip

32168

Country

Volusia

4. State/Country of Formation

Fla Volusia

5. Date Organized or Qualified  
To Do Business in Florida

June 11 04

6. FEI Number

42-1633657

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

Kelly Kenneth Single mbr

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

2426 pioneer trail

Suite, Apt. #, Etc.

Home

City

New Smyrna Bch Fla.

State

FL

Zip Code

32169

100060772741

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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

K K

REGISTERED AGENT MUST SIGN

Date

10/16/05

**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>MEMBER</u>	<u>Kelly Kenneth</u>	<u>2426 pioneer trail</u>	<u>N.S.B. Fla 32169</u>

**REINSTATEMENT 2005**

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

K K

Date

10/16/05

Daytime Phone #

904-481-9084

Typed or printed name of signing Managing Member/Manager

Kenneth Wayne Kelly