


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

15 DEC -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900279621269
12/01/15--01013--085 ***1373.75

CR2E041 (1/14)

DOCUMENT # L04000043916
1. Limited Liability Company's Name
KNOCK KNOCK, LLC

2. Principal Office Address - No P.O. Box # 4040 NE 2nd Avenue		3. Mailing Office Address 4040 NE 2nd Avenue	
Suite, Apt. #, etc. Suite 411		Suite, Apt. #, etc. Suite 411	
City & State Miami, FL		City & State Miami, FL	
Zip 33137	Country USA	Zip 33137	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/10/2004	
6. FEI Number 20-1246021	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
DAVID M. SCHWARZ

Street Address (P.O. Box Number is Not Acceptable) Suite
4520 North Bay Road

Apt. # Etc.

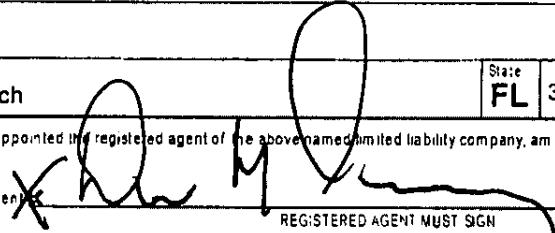
City
Miami Beach

State
FL

Zip Code
33140

REINSTATEMENT 2007-2015

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.

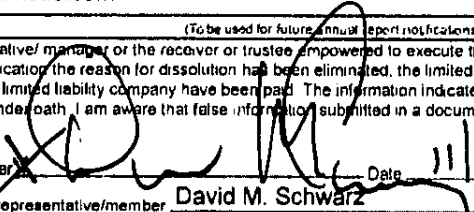
Signature of Registered Agent:  Date: **11/19/15**

REGISTERED AGENT MUST SIGN

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	David M. Schwarz	4520 North Bay Road	Miami Beach, FL 33140
			M. MILLIGAN EXAMINER
			DEC 04 2015

11. E-mail Address **david.schwarz@dmsas.com**

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member:  Date: **11/19/15** Daytime Phone #: **202-862-0777**

Typed or printed name of signing authorized representative/member: **David M. Schwarz**