

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 11 AM 9:25

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LD14000047214**

1. Limited Liability Company's Name

Kamaw Enterprises LLC

2. Principal Office Address

17179 Bonnie Ave

Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

33954

Country

US

3. Mailing Office Address

17179 Bonnie Ave

Suite, Apt. #, etc.

City & State

Port Charlotte FL

Zip

33954

Country

US

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/23/04

6. FEI Number

20-1278361

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

Karl Weny

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

17179 Bonnie Ave

Suite, Apt. #, Etc.

City

Port Charlotte FL

State

FL

Zip Code

33954

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

Date

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
MGRM	Karl Weny	17179 Bonnie Ave	Port Charlotte FL 33954
MGRM	Majda Weny	17179 Bonnie Ave	Port Charlotte FL 33954
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			05-06

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

Date 12/5/2006

Daytime Phone # 404-519-1329

Typed or printed name of signing Managing Member/Manager

Karl Weny