

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

07 FEB 12 AM 10: 53

DOCUMENT # L04000051915

1. Limited Liability Company's Name

**E K, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**6208 Devonhurst Drive**

3. Mailing Office Address

**6208 Devonhurst Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

Zip  
**32216**

Country  
**US**

Zip  
**32216**

Country  
**US**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida **07/13/2004**

6. FEI Number  
**34-2008107**

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  
**Esad Kurtanovic**

Street Address (P.O. Box Number is Not Acceptable)  
**6208 Devonhurst Drive**

Suite, Apt. #, Etc.

City  
**Jacksonville**

State  
**FL**

Zip Code  
**32216**

☒ 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

*Esad Kurtanovic*

Date **02-05-07**

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
mgr	Esad Kurtanovic	6208 Devonhurst Drive	Jacksonville FL 32216

000088448050  
02/15/07--01040--011 \*\*155.00

REINSTATEMENT **05-07**

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

*Esad Kurtanovic*

Date **2-5-07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager