

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 16 PM 1:59

CR2E041 (12/07)

DOCUMENT # **L04000054374**

1. Limited Liability Company's Name

**m. Klein, LLC
147 Garden St.
Santa Rosa Beach, FL 32459**

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

147 Garden St.

Suite, Apt. #, etc.

3. Mailing Office Address

147 Garden St.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459

Country

us

Zip

32459

Country

Walton

4. State/Country of Formation

FL / us

**5. Date Organized or Qualified
To Do Business in Florida**

7/22/04

6. FEI Number

76-0763458

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

Michael Klein

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

147 Garden St.

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

☐ 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

Michael J. Klein

REGISTERED AGENT MUST SIGN

Date **12-9-08**

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	Michael Klein	147 Garden St.	Santa Rosa Bch, FL 32459

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12/10/08--01039--011 **516.25

REINSTATEMENT 2006-08

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

Michael J. Klein

Date **12-9-08**

Daytime Phone # **850-305-6021**

Typed or printed name of signing Managing Member/Manager