

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 OCT 17 PM 4:09

CR2E041 (1/07)

DOCUMENT # L040000 SS365

1. Limited Liability Company's Name

KAREN LEA LOTT, LLC

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

10921 RAVEL CT

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33498

Country

USA

3. Mailing Office Address

10921 RAVEL CT

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33498

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/26/04

6. FEI Number

20-1411978

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

KAREN L. LOTT

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

10921 RAVEL CT

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/15/07

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 | KAREN LEA LOTT | 10921 RAVEL CT | BOCA RATON, FL 33498 |
| | | | |
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10/17/07--01051--020 **100.00

REINSTATEMENT 2006-07

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

[Signature]

Date 10/15/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KAREN L. LOTT