

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000063683

1. Limited Liability Company's Name

K & R Business Investments, L.L.C.

000161397430
10/06/09--01036--003 **693.75

[Handwritten signature]
CR2E041 (42/07)

2. Principal Office Address - No P.O. Box #
519 N. State Street

Suite, Apt. #, etc.

City & State

Bunnell, FL

Zip

32110

Country

USA

3. Mailing Office Address *PO Box 535*
~~**519 N. State Street**~~

Suite, Apt. #, etc. *Bunnell, FL 32110*

City & State

Bunnell, FL

Zip

32110

Country

USA

4. State/Country of Formation

Florida/USA

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

08/26/2004

6. FEI Number

20-1629084

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
Chiumento & Guntharp, PA

Street Address (P.O. Box Number is Not Acceptable)
4 Old Kings Road North, Suite B

Suite, Apt. #, Etc.

Suite B

City

Palm Coast

State

FL

Zip Code

32137

☒ **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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

7/29/08

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
MGRM	Gregory A. Shugg	519 N. State Street	Bunnell, FL 32110
MGRM	Kimberly A. Shugg	519 N. State Street	Bunnell, FL 32110
L. SELLERS			
REINSTATEMENT			
EXAMINER			

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

[Handwritten signature]
Gregory A. Shugg, MGRM

Date

10/5/09

Daytime Phone#

(386) 437-3282

Typed or printed name of signing Managing Member/Manager