

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 29 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000066892

1. Limited Liability Company's Name

Tne Kast Net, LLC

000167537820
01/29/10--01009--019 **277.50

CR2E041 (11/09)

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

892 Woodville Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

296 Pine Lane

Suite, Apt. #, etc.

City & State

Crawfordville, FL

Zip

32327

Country

WaKulla

City & State

Crawfordville, FL

Zip

32327

Country

WaKulla

4. State/Country of Formation

Florida

WaKulla

5. Date Organized or Qualified
To Do Business in Florida

2004 Nov

6. FEI Number

20-1637567

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Fred R. Mohrfeld

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

296 Pine Lane

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Fred R. Mohrfeld

REGISTERED AGENT MUST SIGN

Date

1/29/2010

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
<u>MSRM</u>	<u>Fred R. Mohrfeld</u>	<u>296 Pine Lane</u>	<u>Crawfordville, FL 32327</u>
<u>MSRM</u>	<u>Thu H. Mohrfeld</u>	<u>"</u>	<u>"</u>
	L. SELLERS		
	JAN 29 2010		
	EXAMINER		
		REINSTATEMENT	<u>09-2010</u>

11. E-mail Address

f.mohrfeld@gmail.com

(To be used for future annual report notifications)

12. 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

Fred R. Mohrfeld

Date

1/29/2010

Daytime Phone #

850-510-1995

Typed or printed name of signing Managing Member/Manager