

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

07 FEB 14 AM 10:33

250.00
4-16-05

DOCUMENT # **L04000070870**

1. Limited Liability Company's Name

JOHN S. KADER LLC

CR2E041 (1/07)

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

1115 LK. HARNEY Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1115 LK. HARNEY Rd

Suite, Apt. #, etc.

City & State.

GENEVA, FL.

City & State

GENEVA, FL.

Zip

32732

Country

SEMINOLE

Zip

32732

Country

SEMINOLE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/29/04

6. FEI Number

20-1699141

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

JOHN S. KADER

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

1115 LK. HARNEY Rd

Suite, Apt. #, Etc.

City

GENEVA

State

FL

Zip Code

32732

☐ 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

1/30/07

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
OWNER	JOHN S. KADER	1115 LK HARNEY Rd	GENEVA, FL. 32732

600088023735
02/23/07--01007--014 **250.00

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

[Signature]

Date **2/12/07**

Daytime Phone # **407-235-0313**

Typed or printed name of signing Managing Member/Manager

JOHN S. KADER