

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

09 MAR 24 PM 12:03

DOCUMENT # L04000072367

1. Limited Liability Company's Name

KJm Communication LLC

CR2E041 (10/08)

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

3824 SW 137 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3824 SW 137 Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

City & State

MIAMI FL

Zip

33175

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/5/2004

6. FEI Number

201714878

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

Miguel VIDAL

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

315 NW 130 Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

☒ 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

Miguel Vidal
REGISTERED AGENT MUST SIGN

Date 3/17/09

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>MEM</u>	<u>Miguel A VIDAL</u>	<u>315 NW 130 Ave</u>	<u>MIAMI FL 33175</u>
<u>MEM</u>	<u>Blanca L VIDAL</u>	<u>315 NW 130 Ave</u>	<u>MIAMI FL 33175</u>

03/24/09 01031-014 **416.25

REINSTATEMENT 07-09

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

Miguel A Vidal

Date 3/17/09

Daytime Phone # 305 220 1222

Typed or printed name of signing Managing Member/Manager

Miguel A VIDAL