

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
250.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

DOCUMENT # L04000074045

1. Limited Liability Company's Name

KEVIN QUEEN LLC

2. Principal Office Address

154 Hickory Dr

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Eastpoint FL 32328

City & State

Zip

32328

Country

FRANKLIN

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-173-1306

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

KEVIN QUEEN

QUEEN AND COMPANY

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

154 Hickory Dr

Suite, Apt. #, Etc.

200083412552

01/05/07--01/04/07--0016 **155.10

City

Eastpoint, FL

State

FL

Zip Code

32328

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

12/29/06

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
MEM	KEVIN QUEEN	154 Hickory Dr	Eastpoint FL 32328
			200083412552 02/13/07--01/03/07--002 **95.00
			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

Date

12/29/06

Daytime Phone #

150-653-6981

Typed or printed name of signing Managing Member/Manager