

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 CORPORATION

09 DEC -9 AM 9: 52

DOCUMENT # L04000077004

1. Limited Liability Company's Name

Kitchen Showplace, LLC

REINSTATEMENT 2008-09 SEM

400163435644
12/08/09--01024--003 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 299 W. Granada Blvd.		3. Mailing Office Address	
Suite, Apt. #, etc. A		Suite, Apt. #, etc.	
City & State Ormond Beach, Fl		City & State	
Zip 32174	Country US	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Gwen Slater			
Street Address (P.O. Box Number is Not Acceptable) 4643 Clyde Morris Blvd.			
Suite, Apt. #, Etc. Suite 308			
City Port Orange	State FL	Zip Code 32129	

☐ 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 Timothy Akins
REGISTERED AGENT MUST SIGN

Date 12-2-09

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
MgrM	Valjon, Levis	2217 N. Halifax	Daytona Beach, Fl 32118

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 Timothy Akins

Date 12-2-09

Daytime Phone # 386-295-8520

Typed or printed name of signing Managing Member/Manager Valjon Levis Timothy Akins