

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 PM 12:52

DOCUMENT # L04000078301

1. Limited Liability Company's Name

Karol Properties, LLC

200109590522
09/18/07--01060--002 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
10570 SW 77 Terrace

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33173

Country
US

3. Mailing Office Address
10570 SW 77 Terrace

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33173

Country
US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **10/28/2004**

6. FEI Number

☒ 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
Daryl Olster

Street Address (P.O. Box Number is Not Acceptable)
10570 SW 77 Terrace

Suite, Apt. #, Etc.

City
Miami, Florida

State
FL

Zip Code
33173

☒ 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

REGISTERED AGENT MUST SIGN

Date **9-12-07**

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
MgrMem	Daryl Olster	10570 SW 77 Terrace	Miami, Florida 33173

REINSTATEMENT
w/o 2005-2007

BLT

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 **9-12-07**

Daytime Phone # **954-816-0096**

Typed or printed name of signing Managing Member/Manager