

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

10 FEB 17 PM 2:39

DOCUMENT # L04000082740

1. Limited Liability Company's Name

DALE KING CABINETS, LLC
466 S.E. ANDREW PARK DR.
LAKE CITY, FL 32025

100168243191
02/08/10--01062--021 **238.75
CRZED41 (11/09)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-15-04

6. FEI Number

020733434

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

DALE S. KING SR.

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

466 S.E. ANDREW PARK DR.

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32025

☒ 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

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	DALE S. KING SR.	466 S.E. ANDREW PARK DR	LAKE CITY, FL 32025

REINSTATEMENT 2008-2010

100168243191
02/13/10--01002--009 **177.50

11. E-mail Address: dalek2816@hotmail.com

(To be used for future annual report notifications)

12. 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

Dale S. King Sr.

Date 2-5-10

Daytime Phone # 386-365-3887

Typed or printed name of signing Managing Member/Manager

DALE S. KING SR.

T. Hampton FEB 18 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 FEB 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 10, 2010

DALE KING CABINETS, LLC
466 SE ANDREW PARK DR
LAKE CITY, FL 32025

SUBJECT: DALE KING CABINETS, LLC
Ref. Number: L04000082740

We have received your document for DALE KING CABINETS, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$177.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 810A00003434