

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 21 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000089546

1. Limited Liability Company's Name

KOSUTA GROUP, LLC

900172902159
03/23/10--01017--023 **100.00

CR2E041 (11/09)

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

509 N. VIRGINIA AVE.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

ORANGE

3. Mailing Office Address

509 N. VIRGINIA AVE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32789

Country

ORANGE

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

12/10/2004

6. FEI Number

20-2164078

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

CRAIG J. KOSUTA

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

509 N. VIRGINIA AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

☐ 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 03/16/10

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
MNG	CRAIG J. KOSUTA	509 N. VIRGINIA AVE	WINT. PARK, FL
			32789
			JB
			900172902159
			04/22/10--01005--002 **832.50

REINSTATEMENT 2005-10

11. E-mail Address: INFO@KOSUTA.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 808.406, 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

03/16/10

Daytime Phone #

907-647-7238



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

10 APR 21 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2010

KOSUTA GROUP LLC
509 NORTH VIRGINIA AVENUE
WINTER PARK, FL 32789

SUBJECT: KOSUTA GROUP LLC
Ref. Number: L04000089546

We have received your document for KOSUTA GROUP LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2005 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$932.50.

We need an additional check in the amount of \$832.50

Please return your document, along with 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00007270