

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 30 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000010481

1. Limited Liability Company's Name

KENRAC, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 80 S. GERONIMO STREET Suite, Apt. #, etc.		3. Mailing Office Address 80 S. GERONIMO STREET Suite, Apt. #, etc.	
City & State MIRAMAR BEACH, FL		City & State MIRAMAR BEACH, FL	
Zip 32550	Country USA	Zip 32550	Country USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

2/1/2005

6. FEI Number

20-2265544

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 ROBERT J. LIENBY		
Street Address (P.O. Box Number is Not Acceptable) 80 S. GERONIMO STREET		
Suite, Apt. #, Etc.		
City MIRAMAR BEACH	State FL	Zip Code 32550

☒ 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 **6/5/08**

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
MGMR	ROBERT J. LIENBY	80 S. GERONIMO STREET	MIRAMAR BEACH, FL 32550
MGMR	JACQUELINE MARSHALL	2060 CRYSTAL LAKE DRIVE	MIRAMAR BEACH, FL 32550
MGMR	KENNETH W. MARSHALL	2060 CRYSTAL LAKE DRIVE	MIRAMAR BEACH, FL 32550
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REINSTATEMENT 06-08			

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 **6/5/08**

Daytime Phone # **850-960-7435**

Typed or printed name of signing Managing Member/Manager

Kenneth W. Marshall