

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 NOV 14 PM 2:52

DOCUMENT # L05000014478

1. Limited Liability Company's Name

KONOPKA LLC

400112283154
11/14/07--01022--026 **205.00

CR2E041 (1/07)

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

418 SKATE RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

Zip

32233

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02-07-2005

6. FEI Number

51-0630812

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

KAZIMIERZ KONOPKA

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

418 SKATE RD

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

☐ 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

Kazimierz Konopka

Date **11-02-07**

REGISTERED AGENT MUST SIGN

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	KAZIMIERZ KONOPKA	418 SKATE RD	ATLANTIC BEACH, FL 32233

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 *Kazimierz Konopka* Date **11-02-07**

Daytime Phone # **904 372-0073**

Typed or printed name of signing Managing Member/Manager

KAZIMIERZ KONOPKA