

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC -4 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000025017

1. Limited Liability Company's Name

KAC HOLDINGS LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
4101 Auston Way

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip
34685

Country

3. Mailing Office Address

4101 Auston Way

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip
34685

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/14/2005

6. FEI Number

352249549

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

Lyle J. Mouton Jr.

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

4101 Auston Way

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

☒ 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

Lyle J. Mouton Jr.

REGISTERED AGENT MUST SIGN

Date **11/28/2007**

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
Mgr.	Lyle J. Mouton Jr.	4101 Auston Way	Palm Harbor, FL 34685

REINSTATEMENT 06-07

100112702291
11/29/07--01050--005 **100.00

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

Lyle J. Mouton Jr.

Date **11/28/2007**

Daytime Phone # **727-644-4168**

Typed or printed name of signing Managing Member/Manager

Lyle J. Mouton Jr.