

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 22 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800134952568
08/26/08--01011--008 **277.50

CR2E041 (12/07)

DOCUMENT # L0500002640

1. Limited Liability Company's Name

King Rental Properties, II, LLC.

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

4583-A Capitol Circle N.W.

Suite, Apt. #, etc.

3. Mailing Office Address

825 Thomasville Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

tallahassee, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

Sep 1999

6. FEI Number

59-3595782

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

Padgett, Timothy D. ESQ

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

2810 Remington Green Circle

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☒ 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

[Signature]

Date

8/20/08

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
<u>MGRM</u>	<u>King, Todd R.</u>	<u>4583-A Capitol Circle N.W.</u>	<u>Tallahassee, FL 32303</u>

REINSTATEMENT

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

[Signature]

Date

8/20/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager