

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 10 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000028669

1. Limited Liability Company's Name

KRS LLC

CR2E041 (12/07)

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

3367 COVERED BRIDGE EAST

Suite, Apt. #, etc.

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

U.S.

3. Mailing Office Address

3367 COVERED BRIDGE EAST

Suite, Apt. #, etc.

City & State

DUNEDIN, FLORIDA

Zip

34698

Country

U.S.

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

3/18/2005

6. FEI Number

20-2537083

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

Karen Cofield

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

3367 COVERED BRIDGE EAST

Suite, Apt. #, Etc.

Dunedin, FL 34698

City

Dunedin

State

FL

Zip Code

34698

☒ 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

Karen Cofield

REGISTERED AGENT MUST SIGN

Date 1/9/08

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
MGR	KAREN M COFIELD	3367 COVERED BRIDGE EAST	DUNEDIN, FLORIDA 34698

REINSTATEMENT 06-07
07/11/10
11/01/07-01040-012-\$150.00

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

Karen Cofield

Date 01/08/2008

Daytime Phone # 727-804-8661

Typed or printed name of signing Managing Member/Manager

KAREN M COFIELD