


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

08 JUN 23 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # LOS000030030

1. Limited Liability Company's Name

K & C INVESTMENTS, LLC

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

13108 2021 LN

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1756

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

WINDERMERE FL

Zip

34786

Country

US

Zip

34786

Country

US

4. State/Country of Formation

FLORIDA ORANGE

5. Date Organized or Qualified
To Do Business in Florida

MAR-25-2005

6. FEI Number

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

ALEXANDRA ROSSI

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

13108 2021 LN

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

☒ 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 5/1/08

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
MEM	ALEXANDRA ROSSI		800131592588 06/23/08--01032--018 **441.25
MEM	JORGE ROSSI		
		REINSTATEMENT	
			11.25 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 5/1/08

Daytime Phone #

407-905-6935

Typed or printed name of signing Managing Member/Manager