

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

CR2E041 (1/07)

DOCUMENT # L05000045202

1. Limited Liability Company's Name

KAVA, LLC

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

5385 NW 158 TERR

Suite, Apt. #, etc.

#301

City & State

MIAMI, FL

Zip

33014

Country

USA

3. Mailing Office Address

PO BOX 02-5210

Suite, Apt. #, etc.

SHIPNET 71284

City & State

MIAMI, FL

Zip

33102

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

5/15/2005

6. FEI Number

20-2785095

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

VNZ CONSULTING / MARY PIERLUSSI

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

2900 GLADES CIRCLE, #

Suite, Apt. #, Etc.

#425

City

WEBSTON

State

FL

Zip Code

33327

☐ 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

MARY PIERLUSSI

Date

11/05/07

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
<u>MEM</u>	<u>CARLOS COUMODIO</u>	<u>5385 NW 158 TERR, #301</u>	<u>MIAMI, FL 33014</u>

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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

11/5/07

Daytime Phone #

(305) 264 7044

Typed or printed name of signing Managing Member/Manager

CARLOS COUMODIO