

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 17 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047809

1. Limited Liability Company's Name

KRONRAD ENTERPRISES, LLC

900188786129
12/17/10--01002--011 **\$55.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2800 Island Boulevard		3. Mailing Office Address 2800 Island Boulevard	
Suite, Apt. #, etc. Unit 2601		Suite, Apt. #, etc. Unit 2601	
City & State Aventura, Florida		City & State Aventura, Florida	
Zip 33160	Country USA	Zip 33160	Country USA

4. State/Country of Formation Florida/USA
5. Date Organized or Qualified To Do Business in Florida 05/13/2005
6. FEI Number 51-0548259: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Jerald C. Cantor		
Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard		
Suite, Apt. #, Etc. Suite 375-S		
City Hollywood	State FL	Zip Code 33021

KS
REINSTATEMENT 07-10

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

Date

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
MGR	Richard C. Kronrad	2800 Island Blvd., Unit 2601	Aventura, Florida 33160

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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 12-4-2010

Daytime Phone # 205 799-4144

Typed or printed name of signing Managing Member/Manager Richard C. Kronrad, Manager