

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # LOS 0000 48192

1. Limited Liability Company's Name

K.L.K. LLC

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

1902 MOFID LANE

Suite, Apt. #, etc.

3. Mailing Office Address

1902 MOFID LANE

Suite, Apt. #, etc.

City & State

PORT ORANGE

City & State

PORT ORANGE

Zip

32128

Country

USA

Zip

32128

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

5/13/2005

6. FEI Number

202927885

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

GREGORY C ALSON

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

1902 MOFID LANE

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32128

☒ 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]

REGISTERED AGENT MUST SIGN

Date

9/19/07

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>DONALD FRAWLEY</u>	<u>35 LOUISIANA ST</u>	<u>LANDBERCH NY 11561</u>
<u>MGRM</u>	<u>TIMOTHY FRAWLEY</u>	<u>209 NORTH ATLANTA AVE</u>	<u>MASSAPEQUA NY 11756</u>
<u>MGRM</u>	<u>PATRICIA FRAWLEY</u>	<u>840 JEFFERSON ST</u>	<u>BALDWIN HARBOR NY 11510</u>

REINSTATEMENT OF GA

cus

400109948274
09/24/07--01070--007 **155.00

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

[Signature]

Date

9/19/07

Daytime Phone #

917 731 8897

Typed or printed name of signing Managing Member/Manager

DONALD FRAWLEY