

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 405000069872

1. Limited Liability Company's Name

KEVIN'S KAR KARE

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

1401 NW 3RD WAY

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 667742

Suite, Apt. #, etc.

City & State

POMP BEACH FL

City & State

POMPANO BEACH FL

Zip

33060

Country

U.S.

Zip

33066

Country

U.S.

4. State/Country of Formation

UNITED STATES, FLA

5. Date Organized or Qualified
To Do Business in Florida

07/15/2008

6. FEI Number

20-3157127

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

KEVIN COOPER

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

1401 NW 3RD WAY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

☒ 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

Kevin Cooper

REGISTERED AGENT MUST SIGN

Date 1/20/10

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 | Cooper, Kevin | 1401 NW 3RD WAY | Pomp. FL. 33066 |
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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

Kevin Cooper

Date 1/20/10

Daytime Phone # 954 448 6580

Typed or printed name of signing Managing Member/Manager

Kevin Cooper