

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000079033**

1. Limited Liability Company's Name

TLKKB HOLDING, LLC

2. Principal Office Address - No P.O. Box #
2645 NE 24th Street

Suite, Apt #, etc

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

2645 NE 24th Street

Suite, Apt #, etc

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **8/11/05**

6. FEI Number
203285973

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 **Dennis D. Smith, Esq. c/o Tripp Scott, P.A.**

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

110 SE 6th Street

Suite, Apt #, Etc

15th Floor

City

Fort Lauderdale

State

FL

Zip Code

33301

E-mail Address:

800209194708
06/21/11--01009--008 **516.25

Timohome9@aol.com

(To be used for future annual report notices)

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

Dennis D. Smith

Date **5-23-11**

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
MGRM	TLKKB Holding Company, Inc.	2645 NE 24th Street	Lighthouse Point, FL 33064

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

Signature of Managing
Member/Manager

Timothy P. O'Connor

Date

5/24/11

Daytime Phone #

954 732 5629

Typed or printed name of signing Managing Member/Manager

TIMOTHY P. O'CONNOR

FILED

11 JUN 21 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

09-11