

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 11 AM 11:31

DOCUMENT # L05000088616

1. Limited Liability Company's Name
KELLY A MILLER, LLC

REINSTATEMENT 2007-10 JRM

800180388048
05/05/10--01020--004 **555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1412 Briercliff Dr.		3. Mailing Office Address 1412 Briercliff Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806	Country US	Zip 32806	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9/8/2005	
6. FEI Number 56-2530999	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 Kelly M. Levine		
Street Address (P.O. Box Number is Not Acceptable) 1412 Briercliff Dr.		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32806

☒ 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

Kelly M. Levine

REGISTERED AGENT MUST SIGN

Date 9/30/10

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
MGRM	Kelly M Levine	1412 Briercliff Dr.	Orlando, FL 32806

11. E-mail Address: kellymlevine@gmail.com

(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

Kelly M. Levine

Date 4/30/10

Daytime Phone # 321-436-9259

Typed or printed name of signing Managing Member/Manager Kelly M. Levine