

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC 31 PM 12:07

DOCUMENT # L05000095265

1. Limited Liability Company's Name

TWO KIM'S TOYS LLC

2. Principal Office Address - No P.O. Box #
522 SE 897th Street

3. Mailing Office Address
PO Box 985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Old Town, Florida

City & State

Old Town, Florida

Zip

32680

Country

US

Zip

32680

Country

US

4. State/Country of Formation

FL 39.00

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

20-3733463

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

Herring, Dale H

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

222 SE 897th Street

Suite, Apt. #, Etc.

City

Old Town

State

FL

Zip Code

32680

☐ 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**

REGISTERED AGENT MUST SIGN

Date 10/28/09

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	Herring, Dale H	522 SE 897th Street	Old Town, FL 32680
MGRM	Lander, Joseph T	222 NE 210 Ave	

REINSTATEMENT 2008-09 834

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**

Date

10/28/09

Daytime Phone #

(352) 542 7835

Typed or printed name of signing Managing Member/Manager

H. Dale Herring

217.50