

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 16 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10062007 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L05000098315</b> 1. Entity Name <b>KROHN ENTERPRISES, LLC</b>					
Principal Place of Business <b>12351 COCONUT CREEK COURT FORT MYERS, FL 33908</b>			Mailing Address <b>12351 COCONUT CREEK COURT FORT MYERS, FL 33908</b>		
2. Principal Place of Business - No P.O. Box # <b>777 SAN CARLOS Drive</b>		3. Mailing Address <b>PO Box 2518</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ft. Myers Beach, FL</b>		City & State <b>Ft. Myers Beach, FL</b>		4. FEI Number <b>42-1681871</b>	
Zip <b>33931</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KROHN, CONSTANCE L 12351 COCONUT CREEK COURT FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name <b>KROHN, CONSTANCE L</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 SAN CARLOS Drive</b> City <b>Ft. MYERS Beach</b> <b>FL</b> Zip Code <b>33931</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Constance Lee Krohn</u> DATE <u>10-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROHN, CONSTANCE L 12351 COCONUT CREEK COURT FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROHN, MITCHELL W SR. 12351 COCONUT CREEK COURT FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROHN, MITCHELL W JR. 12481 MCGREGOR PALMS DRIVE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROHN HAIR, SHELLEY J 12481 MCGREGOR PALMS DRIVE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Constance Lee Krohn</u> DATE <u>10-5-07</u> (239)463-1725 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

REINSTATEMENT