

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC -8 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000106971

1. Limited Liability Company's Name

SK & S Services LLC

000138074090
11/19/08--01013--013 *416.25
CR2E041 (10/08)

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

4529 SW 11th AVE

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

Lee

3. Mailing Office Address

4529 SW 11th AVE

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33914

Country

Lee

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida

11/2/2005

6. FEI Number

20-3757505

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

Christine F. Wright, Esq.

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

2735 Santa Barbara Blvd.

Suite, Apt. #, Etc.

Suite 201

City

Cape Coral

State

FL

Zip Code

33914

☒ 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

Christine F. Wright
REGISTERED AGENT MUST SIGN

Date 11/20/08

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 |
|------------|--------------------------------------|---|-----------------------------|
| <u>MGR</u> | <u>Karel Rosa</u> | <u>4529 SW 11th AVE</u> | <u>Cape Coral, FL 33914</u> |
| <u>MGR</u> | <u>Sigrid Rosa</u> | <u>4529 SW 11th AVE</u> | <u>Cape Coral, FL 33914</u> |
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REINSTATEMENT 06-07-08

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

K. Rosa

Date 10/27/08

Daytime Phone# (239) 738 0062

Typed or printed name of signing Managing Member/Manager Karel Rosa