

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000008205

1. Limited Liability Company's Name

KANKOO ENTERPRISES, "LLC"

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

3015 WINDCHIME CIRCLE WEST

Suite, Apt. #, etc.

SUITE 786

City & State

APOPKA, FLORIDA

Zip

32703

Country

UNITED STATES

3. Mailing Office Address

P.O. BOX 1751

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

Zip

32704

Country

UNITED STATES

8. Name and Address of Current Registered Agent

Name

AKBER M. JAMAL

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

3015 WINDCHIME CIRCLE WEST

Apt. #, Etc.

SUITE 786

City

APOPKA

State

FL

Zip Code

32703

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/24/2006

6. FEI Number

42-1699442

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

CR2E041 (1/14)

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01/04/16--01034--010 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JAMAL M. AKBERT	3015 WINDCHIME CIRCLE WEST, SUITE 786	APOPKA, FLORIDA 32703

S. HAWKES

JAN 6 A.M.

EXAMINER

REINSTATEMENT

2015

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 817.155, F.S.

Signature of authorized representative/member

Date

12/28/15

Daytime Phone #

Typed or printed name of signing authorized representative/member