

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000009734

1. Limited Liability Company's Name

Kiwi Capital, LLC

500184289825
08/12/10--01037--002 **516.25

CR2E041 (05/10)

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

1395 TUSCANA LANE

Suite, Apt. #, etc.

3. Mailing Office Address

1395 TUSCANA LANE

Suite, Apt. #, etc.

City & State

CHAMPIONS GATE FL CHAMPIONS GATE FL

Zip

Country

33896

FL

Zip

Country

33896

FL

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4212155

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$6.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GARRETT KENNY

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

1163 Polo Park East Blvd

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/10/10

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
D	GARRETT KENNY	1395 TUSCANA LANE	CHAMPIONS GATE, FL 33896

11. E-mail Address:

(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

[Signature]

Date

8/10/10

Daytime Phone #

863-353-0016

Typed or printed name of signing Managing Member/Manager