

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

□

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 JUN 20 AM 8 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Os

DOCUMENT # L06000014807

1. Limited Liability Company's Name
K & S Investments, LLC

2. Principal Office Address - No P.O. Box #
450 So. Orange Avenue

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32801

Country
USA

3. Mailing Office Address
PO Box 4920

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32802

Country
USA

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 2/9/2006

6. FEI Number
49-3845595

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
Linda A. Scarcelli

Street Address (P.O. Box Number is Not Acceptable) Suite,
450 So. Orange Avenue

Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

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

Linda A. Scarcelli
REGISTERED AGENT MUST SIGN

Date 6/19/18

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
MGRM	James M. Seneff, Jr.	450 So. Orange Avenue	Orlando, FL 32801
MGRM	Beat Kahli	3680 Avalon Park E Blvd, Ste. 300	Orlando, FL 32828

11. E-mail Address: linda.scarcelli@cni.com

(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

Linda A. Scarcelli
Linda A. Scarcelli

Date 6-19-18

Daytime Phone # 407-650-1552

Typed or printed name of signing authorized representative/member

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 6/20/2018

Acc#120160000072



Name:	K&S Investments - K&S Grand Avenue
Document #:	
Order #:	11034478

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

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(copy fees)]

Thank you!