

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000024236

1. Limited Liability Company's Name
MKG Enterprises LLC

2. Principal Office Address - No P.O. Box #
700 Palmer Avenue

Suite Apt #, etc

City & State
Winter Park, Florida

Zip
32789

Country
USA

3. Mailing Office Address
Same

Suite Apt #, etc

City & State

Zip

Country

8 Name and Address of Current Registered Agent

Name
Kathryn Garrett

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

Apt #, Etc

City
Winter Park

State
FL

Code
32789

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

Kathryn Garrett
REGISTERED AGENT MUST SIGN

Date 10/13/2021

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

11. E-mail Address mkgarrett326@yahoo.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

Kathryn Garrett
Kathryn Garrett

Date 10/13/2021

Daytime Phone # 321-2828575

FILED

2021 OCT 20 PM 1:02

SECRETARY OF STATE
TALLAHASSEE

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CR2E041 (1/14)

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 03/06/2006

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status