

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6000029093

1. Limited Liability Company's Name

Kanata Florida, LLC 08

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

6308 Panther Lane

Suite, Apt. #, etc.

#N2

City & State

Fort Myers FL

Zip

33919

Country

USA

3. Mailing Office Address

6308 Panther Lane

Suite, Apt. #, etc.

#N2

City & State

Fort Myers FL

Zip

33919

Country

USA

FILED

09 OCT 30 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

11/03/09--01036--001 **38.75

400161772514

11/03/09--01036--001 **38.75

CR2E041 (10/08)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/20/06

6. FEI Number

208290937

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 Russell Benzling

Street Address (P.O. Box Number is Not Acceptable)
6308 Panther Lane

Suite, Apt. #, Etc.
#N2

City Fort Myers

State
FL

Zip Code
33919

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/12/09

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
MGR	Russell Benzling	6308 Panther Lane #N2	Fort Myers, FL 33919
MGR	Eugene McCall Jr	6308 Panther Lane #N2	Fort Myers, FL 33919

REINSTATEMENT

Without Penalty

2008-2009

nc 11/2/09

400161772514

10/15/09--01050--005 **100.00

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

[Signature]

Date 10/12/09

Daytime Phone# 239-229-9525

Typed or printed name of signing Managing Member/Manager