

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV 19 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000048105

**1. Limited Liability Company's Name**

Kensington Marketing Services, LLC

**2. Principal Office Address - No P.O. Box #**  
104 San Marco Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip  
33418

Country  
United States

**3. Mailing Office Address**  
6231 PGA Boulevard

Suite, Apt. #, etc.

104-387

City & State

Palm Beach Gardens, FL

Zip  
33418

Country  
United States

**4. State/Country of Formation**

Florida / United States

**5. Date Organized or Qualified  
To Do Business in Florida**

05/09/2006

**6. FEI Number**

20-4881194

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  
Andrew Helgesen

Street Address (P.O. Box Number is Not Acceptable)  
11380 Prosperity Farms Road

Suite, Apt. #, Etc.  
201

City  
Palm Beach Gardens

State  
FL

Zip Code  
33410

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/7/07

**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	Lawrence Segal	6231 PGA Blvd., 104-387	Palm Beach Gardens, FL 33418

100112330311  
11/15/07--01006--001 \*\*50.00

REINSTATEMENT

**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

MANAGER

Date 11/7/07

Daytime Phone # 561 632 0420

Typed or printed name of signing Managing Member/Manager