PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.D

LIMITED LIABILITY
REINSTATEMENT
OCUMENT#



## FLORIDA DEPARTMENT OF STATE Secretary of State

09 NOV 24 AM 11: 29

SECRETARY OF STATE

REIN	STATEM	IENT	DIVISION	OF CO	RPORATIONS			TALLAHASSEE, F	FLORIDA	
DOCUMENT # L06000095132  1. Limited Liability Company's Name  KS, LLC							<b>400160933594</b> 09/22/0901031012 **1032.50			
0.01.1	. 0.00	N. 5.5. P	5 M-W 06					CR2E041 (10/08	3)	
2. Principal Office Address - No P.O. Box # 3. Malling Office Address						F	<b>A</b> o 10			
1150 Cleveland Street 1150 C. Suite, Apt. #, etc. Suite, Apt. #,							4. State/Country of Formation Florida USA			
, ,			Suite, Apt. #, etc.				5. Date Organized or Qualified			
City & State	e 300		Suite 300 City & State				To Do Business In Florida 09/27/06			
		m1: 3-	,	•			6. FEI Number Applied For			
			Clearwater, Florida			<u> </u>	Not Applicable			
Zip 33755		Country USA	Zip 33755		Country USA	'	7. CERTIFICATE	TE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent										
Name							A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Baxter, Strohauer, Mannion & Silbermann, P.A.						١.				
Street Address (P.O. Box Number is Not Acceptable)  1150 Cleveland Street							receive the prior notices. By checking this box; you are certifying the prior notices were not received and requesting the \$100 reinstatement be walved.			
Suite 300										
City					State Zip Code					
Clearwater, FL 33755_										
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 Agent REGISTERED AGENT MUST SIGN							Date 9 /3/09			
10. Names and Street Addresses of Managing Mamhare/Managars										
10. Names and Street Addresses of Managing Members/Managers  Name of Street Address of Each										
Titles	. Managing Members/Managers		ers	Managing Member/Mana					ite / Zip	
MERM	KEIT	H STAR'K	. 4	268	Preserve	Pla	ace Palm Harbor, FL 34685			
MGRM	ANTH	ONY F. VITIE	LLO 8	5 Li	vingston	Ave	oue.	Roseland, NJ	07068	
	R	EINSTAI		NJO	3			Roseland, N.I AWKES		
	Ø	32007	OQ CIVIC	IN I				EP 2 3 2009		
1							EXAMINER			
,					516	· <del>) {</del>	5			
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 filling 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 LULL Stark Date 9/14/09 Daytime Phone# 727 781-3589										
Typed or printed name of signing Managing Member/Manager KEITH STARK										



## FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED SECRETARY OF STATE FALLAHASSEE, FLORIDA

September 23, 2009

BAXTER, STROHAUER, MANNION & SILBERMANN, P.A. FIFTH THIRD BANK BUILDING SUITE 300 1150 CLEVELAND STREET CLEARWATER, FL 33755

SUBJECT: KS, LLC

Ref. Number: L06000095132

We have received your document for KS, LLC and your check(s) totaling \$1032.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 509A00031183

Suzanne Hawkes Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 Tallahassee Florida 32314



FILED

09 NOV 24 AM 11:30

FLORIDA DEPARTMENT OF STATE CRETARY OF STATE VALLAHASSEE, FLORIDA

October 2, 2009

BAXTER, STROHAUER, MANNION & SILBERMANN, P.A. FIFTH THIRD BANK BUILDING SUITE 300 1150 CLEVELAND STREET CLEARWATER, FL 33755

SUBJECT: KS, LLC

Ref. Number: L06000095132

We have received your document for KS, LLC and your check(s) totaling \$1032.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 509A00031183



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OBNOV24 AMII: 30

FLORIDA DEPARTMENT OF STATESECRETARY OF STATE Division of Corporations

November 17, 2009

ELIZABETH R. MANNION BAXTER, STROHAUER, MANNION & SILBERMANN 1150 CLEVELAND STREET, SUITE 300 CLEARWATER, FL 33755

SUBJECT: KS, LLC

Ref. Number: L06000095132

We have received your document for KS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The fee to Reinstate is \$516.25

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 509A00035771