


2007 AR
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 MAY 17 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS.
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DOCUMENT # L06000099643

1. Limited Liability Company's Name

Kings Communications, LLC

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

674 Tropical Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

674 Tropical Pkwy

Suite, Apt. #, etc.

City & State

Orange Park, FL 32073

Zip

32073

Country

U.S.A

City & State

Orange Park, FL

Zip

32073

Country

U.S.A

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/06

6. FEI Number

20-5697478

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 Herman King

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

674 Tropical Pkwy

Suite, Apt. #, Etc.

City Orange Park, FL

State

FL

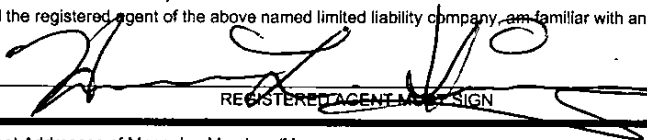
Zip Code

32073

☐ 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 4-30-07

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	Herman King	674 Tropical Pkwy	Orange Park, FL 32073

800103222978
05/24/07-01059-018 **50.00

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



Date 4-30-07

Daytime Phone #

(904) 339-#2601

Typed or printed name of signing Managing Member/Manager

Herman L. King