

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT -3 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000122107

1. Limited Liability Company's Name

KCH Pool Services LLC

CR2E041 (1/07)

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

8612 SW 156 PL

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Dunnellon FL

Zip

34432

Country

MARION

City & State

Zip

Country

4. State/Country of Formation

FLA US

5. Date Organized or Qualified
To Do Business in Florida

12/26/06

6. FEI Number

20-8131958

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

KEVIN C GEORGE

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

8612 SW 156 PL

Suite, Apt. #, Etc.

City

Dunnellon FL

State

FL

Zip Code

34432

☒ 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

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
MDIR	KEVIN C. GEORGE	8612 SW 156 PL	Dunnellon FL 34432
DIR - SERVICES			500110517325 10/08/07--01015--006 **50.00
	JONATHAN P. THORNTON	8612 SW 156 PL	Dunnellon FL 34432
REINSTATEMENT 07			

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

Kevin C George

Date

9-28-07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KEVIN C. GEORGE