

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 MAR 10 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000000041

1. Limited Liability Company's Name

Kbd, LLC

Rei 2009-2017

CR2E041 (1/14)

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

695 Atlantic Ave

Suite Apt. #, etc.

3. Mailing Office Address

695 Atlantic Ave

Suite Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

12/29/2006

6. FEI Number

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

SUSAN PRICE

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

695 Atlantic Ave

Apt. #, Etc.

City

ORMOND BEACH FL

State

FL

Zip Code

32176

200293516142

03/13/17--01023--012 \*\*138.75

200293516142

12/22/16--01001--004 \*\*1215.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Susan L Price

REGISTERED AGENT MUST SIGN

Date

12/15/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>Mgr</u>	<u>Kathleen Doughney</u>	<u>695 Atlantic Ave</u>	<u>ORMOND BEACH FL</u> <u>32176</u>
<u>RA</u> <u>(AR)</u>	<u>Susan PRICE</u>	<u>695 Atlantic Ave</u>	<u>ORMOND BEACH FL</u> <u>32176</u>
			<u>D. SCOTT</u>
			<u>MAR 13 2017</u>

11. E-mail Address

SPRICE@FLCANCER.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

Susan L Price

Date

12/15/16

Daytime Phone #

386-613-2442

Typed or printed name of signing authorized representative/member

SUSAN L. PRICE