

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 14 PM 12:42

DOCUMENT # L07000011878

1. Limited Liability Company's Name

KOB LLC

08

000161703000
10/14/09--01010--012 **277.50

CR2E041 (10/08)

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

777 NW 155 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

Country

33169

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Huguette M. Dupont

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

777 NW 155 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

☒ 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

Huguette M. Dupont

REGISTERED AGENT MUST SIGN

Date 10-13-09

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
MGRM	HUGUETTE M. DUPONT	777 NW 155 LN.	Miami FL 33169

REINSTATEMENT 2008-2009

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

Huguette M. Dupont

Date 10-13-09 Daytime Phone # 783 5770473

Typed or printed name of signing Managing Member/Manager