

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 JAN -3 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # LO7-24562

1. Limited Liability Company's Name

Kin Wins Contractor, LLC

CR2E041 (1/11)

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

2888 N. Settlers Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

TALL, FL

City & State

Zip

32303

Country

U.S.

Zip

Country

4. State/Country of Formation

FL/US

5. Date Organized or Qualified  
To Do Business in Florida

3/6/2007

6. FEI Number

331117-800

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

Dexter L. Bonner

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

2888 N. Settlers Blvd.

Suite, Apt. #, Etc.

City

TALL

State

FL

Zip Code

32303

E-mail Address:

600243292156

01/03/13--01009--014 \*\*655.00

bonecr8tion@aol.com

(To be used for future annual report notices)

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

Dexter Bonner

Date

1/3/13

REGISTERED AGENT MUST SIGN

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
MEM	Dexter Bonner	2888 N. Settlers Blvd.	TALL, FL 32303

**REINSTATEMENT 2010 - 2013**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

Signature of Managing  
Member/Manager

Dexter Bonner

Date

1/3/13

Daytime Phone #

(850) 556-8460

Typed or printed name of signing Managing Member/Manager