

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

GOOD TIMES LLC MK

400235655634
05/30/12--01002--005 **\$16.25

CR2E041 (1/11)

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

38111 Washington Loop Rd

Suite, Apt. #, etc.

3. Mailing Office Address

38111 Washington Loop Rd

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33982

Country

USA

Zip

33982

Country

USA

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida 04/03/2007

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

ROBERT SIFRIT

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

150 LASHLEY CT

Suite, Apt. #, Etc.

SUITE # 114

City

Punta Gorda

State

FL

Zip Code

33950

E-mail Address:

JohnHall@kw.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

[Signature]

Date

5/25/12

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
MGR	JOHN R HALL	38111 Washington Loop Rd	Punta Gorda, FL 33982

REINSTATEMENT 2010-2012

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 s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

5/24/12

Daytime Phone #

941-979-7547

Typed or printed name of signing Managing Member/Manager

JOHN HALL