


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 OCT -9 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000043625		
1. Entity Name P.K.'S ENTERPRISES, LLC		

Principal Place of Business 702 DRIVER AVENUE WINTER PARK, FL 32789 US	Mailing Address 702 DRIVER AVENUE WINTER PARK, FL 32789 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10032008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KAWAGUCHI, PAUL 702 DRIVER AVENUE WINTER PARK, FL 32789	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

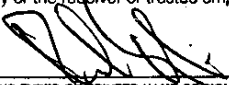
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAWAGUCHI, PAUL 702 DRIVER AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700136689537 10/07/08--01007--006 **138.75
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REINSTATEMENT 2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	10-3-08 407.402-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #