

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -9 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000181767270  
06/07/10--01055--002 \*\*516.25

CR2E041 (05/10)

DOCUMENT # L07000071469

1. Limited Liability Company's Name

**Kirk Williams LLC**

2. Principal Office Address - No P.O. Box #  
4912 Vincennes St

Suite, Apt. #, etc.

206

City & State

Cape Coral FI

Zip

33904

Country

3. Mailing Office Address  
412 Vincennes St

Suite, Apt. #, etc.

206

City & State

Cape Coral FI

Zip

33904

Country

4. State/Country of Formation  
FI

5. Date Organized or Qualified  
To Do Business in Florida

08/01/2007

6. FEI Number

11-3818283

☐ 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  
Kirk Williams

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

4912 Vincennes St.

Suite, Apt. #, Etc.

206

City

Cape Coral

State

FL

Zip Code

33904

**REINSTATEMENT**

*Zoe 8/10 SPH*

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

REGISTERED AGENT MUST SIGN

Date 06/04/2010

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	Kirk Williams	4912 Vincennes St # 206	Cape Coral FI 33904

11. E-mail Address: kirkwaenior@netscape.net

(To be used for future annual report notifications)

12. 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

Date 06/04/2010

Daytime Phone # 239-560-6521

Typed or printed name of signing Managing Member/Manager Kirk Williams