

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 26 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000087117

1. Limited Liability Company's Name

Ken Tebo LLC

000163976890
01/22/10--01016--021 **177.50
CR2E041 (11/09)

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

5001 VIVIENDA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

5001 VIVIENDA WAY

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

Zip

34235 SARASOTA

Country

Zip

34235 SARASOTA

Country

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

12-09

6. FEI Number

80-0518367

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

Kenneth W. Tebo

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

5001 VIVIENDA WAY

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34235

*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

Kenneth W. Tebo

REGISTERED AGENT MUST SIGN

Date 12-17-09

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
Pres mbrm	Kenneth W. Tebo	5001 VIVIENDA WAY	SARASOTA FL. 34235
			000163976890 12/28/09--01033--010 **238.75
			JB REINSTATEMENT 2008-10

11. E-mail Address: KENTEBO1234@hotmail.com

(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

Kenneth W. Tebo

Date 12-17-09

Daytime Phone # 941-362-3259

Typed or printed name of signing Managing Member/Manager