

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 14 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700163590627
12/14/09--01059--018 **521.75

CR2E041 (11/09)

DOCUMENT # LO7 000089207

1. Limited Liability Company's Name

WB-KT REALTY LLC

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

21246 QUIET HAVEN CT.

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL

Zip

34637

Country

PASCO

3. Mailing Office Address

21246 QUIET HAVEN CT.

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL

Zip

34637

Country

PASCO

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/30/2007

6. FEI Number

NOT APPLICABLE

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

WILLIAM BASSETT

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

21246 QUIET HAVEN CT.

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34637

☐ 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

William Bassett

REGISTERED AGENT MUST SIGN

Date 12-11-09

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
MGR	NAME: BASSETT, WILLIAM A 1167 NW 97 DRIVE CORAL SPRINGS, FL 33071		

11. E-mail Address: WAB_DUCK@YAHOO.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

William Bassett

Date

12-11-09

Daytime Phone #

813-929-0436

Typed or printed name of signing Managing Member/Manager

CELL

954-732-2339