


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000102687</b> 1. Entity Name <b>FELKISS L.L.C.</b>					
Principal Place of Business <b>1484 THE POINTE DR. WEST PALM BEACH, FL 33409</b>			Mailing Address <b>1484 THE POINTE DR. WEST PALM BEACH, FL 33409</b>		
2. Principal Place of Business - No P.O. Box # <b>316 Southern Blvd</b>		3. Mailing Address <b>&amp; same</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>West Palm Beach</b>		City & State			
Zip <b>33405</b>	Country <b>USA</b>	Zip	Country		
4. FEI Number <b>26-2366975</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>KOCSIS, VIVIEN I 1484 THE POINTE DR. WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name <b>NIKOLETTA GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>316 Southern Blvd.</b> City <b>West Palm Beach FL</b> Zip Code <b>33405</b>		
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 <u><i>Nikoletta Gonzalez / Vivien</i></u> <span style="float: right;">10/17/08</span> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISS, IBOLYA K 1061 THE POINTE DR. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOCSIS, VIVIEN I 1484 THE POINTE DR. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, FELIPE N JR. 1484 THE POINTE DR. WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Nikoletta Gonzalez</b> <b>1231 Avondale Lane</b> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Nikoletta Gonzalez</b> <b>1231 Avondale Lane</b> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Nikoletta Gonzalez</b> <b>1231 Avondale Lane</b> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Nikoletta Gonzalez</b> <b>1231 Avondale Lane</b> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Nikoletta Gonzalez</b> <b>1231 Avondale Lane</b> <b>West Palm Beach, FL 33409</b>	<input type="checkbox"/> Delete			
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>10/17/08</b> Daytime Phone # <b>561-835-4220</b>	

FILED  
08 NOV -4 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

