

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000102687

1. Entity Name
FELKISS L.L.C.



Principal Place of Business
1484 THE POINTE DR.
WEST PALM BEACH, FL 33409

Mailing Address
1484 THE POINTE DR.
WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #
316 Southern Blvd. *Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach

City & State

Zip 33405 Country USA

Zip

Country

6. Name and Address of Current Registered Agent

KOCSIS, VIVIEN I
1484 THE POINTE DR.
WEST PALM BEACH, FL 33409

4. FEI Number
26-2366975

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of New Registered Agent

Name NIKOLETTA GONZALEZ

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

316 Southern Blvd.

City West Palm Beach FL Zip Code 33405

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 *Nikolletta Gonzalez / Trinell*

10/17/08

Signature, typed or printed name of registered agent and title if applicable.

(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

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	400137855104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	11/12/08-01044-004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nikolletta Gonzalez 1291 Avondale Lane West Palm Beach, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Felicity Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 10/17/08

Daytime Phone #

561-835-4220