

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2015 APR -3 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000110954

1 Limited Liability Company's Name

K2 INVESTMENT PROPERTIES, LLC

REINSTATEMENT 2012-15

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

394 SW FINLEY LITTLE LANE

Suite, Apt. #, etc.

City & State

LAKE CITY

Zip

32024

Country

3. Mailing Office Address

394 SW FINLEY LITTLE LANE

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32024

Country

CR2E041 (1/14)

4. State/Country of Formation

COLUMBIA

5. Date Organized or Qualified To Do Business in Florida

11/01/2007

6. FEI Number

26-1352286

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

GARRY W WARD, JR

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

394 SW FINLEY LITTLE LANE

Apt. #. Etc.

City

LAKE CITY

State

FL

Zip Code

32024

900271388429
04/03/15--01006--001 **740.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Garry W Ward, Jr

REGISTERED AGENT MUST SIGN

Date

4-1-15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	GARRY W WARD, JR	394 SW FINLEY LITTLE LANE	LAKE CITY, FL 32024
MGR	KEN SNIDER	PO BOX 219	FORT WHITE, FL 32038

11. E-mail Address: gwk2subways@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Garry W Ward, Jr

Date 4/1/2015

Daytime Phone #

386-288-6760

Typed or printed name of signing authorized representative/member

GARRY W WARD, JR

GWJ
4/3/15