

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L08000000796

1. Limited Liability Company's Name

Smith & Smith KC, LLC

**FILED**

12 MAY 15 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100235145151  
05/15/12--01032--008 \*\*655.00

CR2E041 (1/11)

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

217 N. Monroe Street

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32301

Country

USA

3. Mailing Office Address

Post Office Box 900

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32302

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/25/2009

6. FEI Number

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

Robert A. Pierce

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

123 South Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

bpierce@ausley.com

(To be used for future annual report notices)

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

*Robert A. Pierce*

Date May 8, 2012

REGISTERED AGENT MUST SIGN

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
MGRM	J. Vereen Smith	217 North Monroe Street	Tallahassee, FL 32301

REINSTATEMENT 09-12

*DBRICE*

11. 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. 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 Managing  
Member/Manager

*J. Vereen Smith*

Date

5/10/12

Daytime Phone # (850)402-8440

Typed or printed name of signing Managing Member/Manager J. Vereen Smith

**AUSLEY & McMULLEN**

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560

RECEIVED  
2012 MAY 15 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 14, 2012

Florida Secretary of State  
Division of Corporations  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

RE: Smith & Smith KC, LLC – Document Number: L08000000796

Dear Sir or Madam:

Enclosed is a Reinstatement for the above-referenced company. Also enclosed is a check for \$655.00 to cover the filing fee.

Thank you for your assistance.

Sincerely,



Chris Vause  
Secretary to Robert A. Pierce

/cv

Enclosures

u:\adm\sec of state - reinstatement.doc