

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000006364

Entity Name: K & SJ LLC.

FILED  
Nov 06, 2009  
Secretary of State

**Current Principal Place of Business:**

10355 PARADISE BLVD  
#403  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

10355 PARADISE BLVD  
#403  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 US

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.

SIGNATURE: NICK SPRADLIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HAMID, KARIM  
Address: 10355 PARADISE BLVD #403  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: JONES, SYRENA  
Address: 10355 PARADISE BLVD #403  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SYRENA JONES

MGRM

11/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date