

PLEASE READ ALL INSTRUCTIONS BEFORE C

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (1/11)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>L08000016521</b>

1. Limited Liability Company's Name  
**K.A.S. Tuerk LLC**

2. Principal Office Address - No P.O. Box # <b>146 Sapodilla Drive</b>		3. Mailing Office Address <b>146 Sapodilla Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Islamorada, Florida</b>		City & State <b>Islamorada, Florida</b>	
Zip <b>33036</b>	Country <b>USA</b>	Zip <b>33036</b>	Country <b>USA</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**2/14/2008**

6. FEI Number  
**90-0483963**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Karen Tuerk**

Street Address (P.O. Box Number is Not Acceptable)  
**146 Sapodilla Drive**

Suite, Apt. #, Etc.

City  
**Islamorada**

State  
**FL**

Zip Code  
**33036**

E-mail Address:  
**REINSTATEMENT**  
**0913**  
**ktuerk@aol.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 *Karen Tuerk* Date *12/10/2013*

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	<b>Karen Tuerk</b>	<b>146 Sapodilla Drive</b>	<b>Islamorada, FL 33036</b>
Mgrm	<b>Adriana Tuerk</b>	<b>2684 Paddock Wood Road</b>	<b>Keswick, VA 22947</b>

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 608.408, 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 *Karen Tuerk* Date *12/10/2013* Daytime Phone # *305-393-2584*

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_