

PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED

13 DEC 11 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FL

500254635925
12/11/13--01033--017 **790.25

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L08000016521**

1. Limited Liability Company's Name

K.A.S. Tuerk LLC

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

146 Sapodilla Drive

Suite, Apt. #, etc.

3. Mailing Office Address

146 Sapodilla Drive

Suite, Apt. #, etc.

City & State

Islamorada, Florida

City & State

Islamorada, Florida

Zip

33036

Country

USA

Zip

33036

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/14/2008

6. FEI Number

90-0483963

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

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:

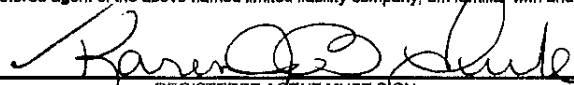
REINSTATEMENT

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



Date **12/10/2013**

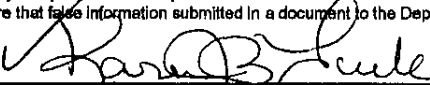
REGISTERED AGENT MUST SIGN

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

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



Date **12/10/2013**

Daytime Phone #

305-393-2584

Typed or printed name of signing Managing Member/Manager

DEC 11 2013