

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08000041518**

1. Limited Liability Company's Name

68TH - OVERSEAS, LLC

KS

REINSTATEMENT

CR2E041 (1/11) 11-12

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

1010 Kennedy Dr

3. Mailing Office Address

P.O. Box 2039

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

33045

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/24/08

6. FEI Number

26-2507075

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

John R. Allison, III

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

1010 Kennedy Dr.

Suite, Apt. #, Etc.

302

City

Key West

State

FL

Zip Code

33040

E-mail Address:

jallison@theallisonfirm.net

(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

REGISTERED AGENT MUST SIGN

Date **12/20/12**

10. Names and Street Addresses of Managing Member/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Pritam Singh	1010 Kennedy Dr.	Key West, FL 33040

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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 808.406, 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

Pritam Singh

Date **12/20/12**

Daytime Phone# **(305) 304-2625**

Typed or printed name of signing Managing Member/Manager