

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

15 MAY 29 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000002602

1. Limited Liability Company's Name
Karoshi Consulting LLC

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

5888 Lake Champlain Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32829

Country

United States

3. Mailing Office Address

5888 Lake Champlain Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32829

Country

United States

CR2E041 (1/14)

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

01/09/2009

6. FEI Number

26-400-1477

☒ 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

Lyndsey Stewart

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

5888 Lake Champlain Drive

Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32829

300273467063
05/29/15--01008--021 **957.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date **05/28/2015**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MR	Lyndsey Stewart	5888 Lake Champlain	Orlando, FL, 32829

REINSTATEMENT

2010-2015

11. E-mail Address **karoshi@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date **05/28/2015**

Daytime Phone # **954-854-9189**

Typed or printed name of signing authorized representative/member