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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000034547

1. Limited Liability Company's Name
K&K VILLAS, LLC

000399337662D
08/25/22--01007--022 **516.25

CR2E041 (1:14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4592 REDFISH POINT ROAD	C/O TOP FLORIDA PROPERTIES
Suite Apt #, etc	Suite Apt #, etc 2270 FIRST STREET
City & State MATLACHA, FLORIDA	City & State FORT MYERS, FLORIDA
Zip / Country 33993 / LEE	Zip / Country 33901 / LEE

4. State/Country of Formation
FLORIDA/LEE COUNTY

5. Date Organized or Qualified To Do Business in Florida
04/09/2009

6. FEI Number
26-4673439
☐ 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
DORIT DORMAYER

Street Address (P.O. Box Number is Not Acceptable) Suite
2270 FIRST STREET

Apt #, Etc

City: FORT MYERS | State: FL | Zip Code: 33901

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: 08/19/2022
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
MGR	KEVIN FITZPATRICK	C/O TOP FLORIDA PROPERTIES	
		2270 FIRST STREET	FORT MYERS, FL 33901
MGR	CATHERINE FITZPATRICK	C/O TOP FLORIDA PROPERTIES	
		2270 FIRST STREET	FORT MYERS, FL 33901

11. E-mail Address: dorit@topflorida.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 any 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: 8/24/2022 Daytime Phone #: 239-788-3922

Typed or printed name of signing authorized representative/member: KEVIN FITZPATRICK, MANAGER