PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 APR 19 AM 10:46

SEC. STATE OF STATE
TALLAHASSEE, FLORIDA

500312279575

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000067811

CR2E041 (1/14)

1. Limited Liability Company's Name
EKMK LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
295 Fifth Avenue	295 Fifth Avenue
Suite, Apt. #, etc.: Suite 111	Suite, Apt. #, etc.: Suite 111
City & State: New York, NY	City & State: New York, NY
Zip: 10016 Country: USA	Zip: 10016 Country: USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 7/14/2009

6. FEI Number: 27-0566390 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Jill Zygmunt Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 4/18/18

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	Miro Khoudari	295 Fifth Avenue, Suite 111	New York, NY 10016
MGR	Ernesto Khoudari	295 Fifth Avenue, Suite 111	New York, NY 10016
	REINSTATEMENT	APR 19 2018 R. HUNT	

11. E-mail Address: miro.k@knssntex.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 4/18/18 Daytime Phone #: 212-686-5533 Ext. 103

Typed or printed name of signing Authorized Representative/Manager: Miro Khoudari

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 4/19/2018

Acc#I20160000072

Name:	EKMK LLC (FL)
Document #:	L09000067811
Order #:	10934967

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
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18 APR 19 AM 10:16

Thank you!

APR 19 2018

R. HUNT