

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000150471 3)))



H150001504713ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

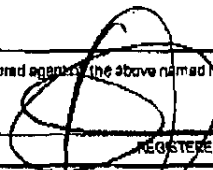
**LIMITED LIABILITY REINSTATEMENT
KAHN TECHNOLOGIES OF FLORIDA, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

RECEIVED
15 JUN 18 PM 3:49
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2015 JUN 18 PM 4:26

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09000071600					
1. Limited Liability Company's Name KAHN TECHNOLOGIES OF FLORIDA, LLC					
2. Principal Office Address - No P.O. Box # 1537 San Remo Ave		3. Mailing Office Address 1537 San Remo Ave		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 07/27/2009	
City & State Coral Gables, FL		City & State Coral Gables, FL		6. FEI Number ☒ Applied For ☐ Not Applicable	
Zip 33146	Country USA	Zip 33146	Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name SIDNEY L KAHN III					
Street Address (P.O. Box Number is Not Acceptable) Suite, 1537 San Remo Ave					
Apt. #, Etc.					
City Coral Gables		State FL	Zip Code 33146		
9. I, being appointed the registered agent, (the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent				Kristine Duran, Attorney-in-Fact Date 06/18/2015	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MBR	SIDNEY L KAHN IV	1537 San Remo Ave		Coral Gables, FL 33146	
MBR	SIDNEY L KAHN III REVOCABLE TRUST, UNDER DECLARATION TRUST DATED APRIL 4, 2001, AS AMENDED	1537 San Remo Ave		Coral Gables, FL 33146	
11. E-mail Address: sserrats@lowellhomesinc.com					
(To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager of this 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 no 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. 817.135, F.S.					
Signature of authorized representative/member		Date 06/18/2015		Daytime Phone # (561) 694-8107	
Typed or printed name of signing authorized representative/member SIDNEY L KAHN IV, Member by: Kristine Duran, Attorney-in-Fact					

JUN 18 2015

L BERGER