

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 JUN -2 AM 9:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # LD9000107414

1 Limited Liability Company's Name

K2 Safety Test LLC

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

7075 58th ST. No

Suite Apt. #, etc

City & State

Pinellas PARK FL

Zip

Country

33781

USA

3 Mailing Office Address

7117-58th ST. No.

Suite Apt. #, etc

City & State

Pinellas PARK, FL

Zip

Country

33781

USA

8 Name and Address of Current Registered Agent

Name

William Rich

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

7117-58th ST. No

Apt. # Etc

City

Pinellas PARK

State

FL

Zip Code

33781

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-27-15

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
<u>mge</u>	<u>William Rich</u>	<u>7117-58th ST. No</u>	<u>Pinellas PARK FL 33781</u>

**REINSTATEMENT**

JUN 02 2015

R. HUNT

11. E-mail Address bdrich3@verizon.net

(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

[Signature]

Date

5-27-15

Daytime Phone #

727-432-8932

Typed or printed name of signing authorized representative/member

William Rich