

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # AL10000013490

1. Limited Liability Company's Name

Kazbour Family Properties LLC

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

13305 Walden Sheffield Road

Suite, Apt. #, etc.

City & State

Dover

Zip

33527-5547

Country

USA

3. Mailing Office Address

13305 Walden Sheffield Road

Suite, Apt. #, etc.

City & State

FL

Zip

33527-5547

Country

USA

8. Name and Address of Current Registered Agent

Name

Kazbour, Linda

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

13305 Walden Sheffield Road

Apt. #, Etc.

City

Dover

State

FL

Zip Code

33527-5547

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

Linda Kazbour

REGISTERED AGENT MUST SIGN

Date 1-27-2016

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	Kazbour, Linda	13305 Walden Sheffield Road	Dover, FL 33527

11. E-mail Address: lkazbour@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

Linda Kazbour

Date 1-27-2016

Daytime Phone #

813-684-3818

Typed or printed name of signing authorized representative/member

Linda Kazbour

FILED

16 FEB 12 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500281584545

01/29/16--01031--022 **238.75

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2-1-2010

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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02/15/16--01014--005 **386.25