

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 FEB 12 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000015466

1. Limited Liability Company's Name
Kazbour Family Properties II LLC

200281584572
01/29/16--01031--023 **238.75
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
13305 Walden Sheffield Road

3. Mailing Office Address
13305 Walden Sheffield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dover

FL

Zip
33527-5547

Country
USA

Zip
33527-5547

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 2-5-2010

6. FEI Number

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
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

200281584572
02/15/16--01014--004 **386.25

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