

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L11000038407**

1. Limited Liability Company's Name

KRATOS GROUP LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
9505 NW 108TH AVE

Suite, Apt. #, etc.

City & State
MEDLEY, FL

Zip
33178

Country
USA

3. Mailing Office Address
1020 NW 1ST COURT

Suite, Apt. #, etc.

DEPT 27195

City & State
HALLANDALE BEACH, FL

Zip
33009

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida
MARCH 31, 2011

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

UNITED STATES CORPORATION AGENTS, INC

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

13302 WINDING OAK COURT

Suite, Apt. #, Etc.

SUITE A

City
TAMPA

State
FL

Zip Code
33612

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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

REGISTERED AGENT MUST SIGN

Date **3/7/14**

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
MG/PM	STEFFON COOPER	9505 NW 108TH AVE	MEDLEY, FL 33178
MG/PM	KETURAH BETHEL-COOPER	9505 NW 108TH AVE	MEDLEY, FL 33178

REINSTATEMENT

2012-2014

11. E-mail Address: **STEFFONC@HOTMAIL.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 **APRIL 3, 2014**

Daytime Phone # **9545738216**

Typed or printed name of signing Authorized Representative/Manager **MR. STEFFON COOPER**

APR 8 2014