

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000070194

1. Limited Liability Company's Name

KMR Realty LLC

FILED

16 JUN 21 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 11167 NW 1st Ct Suite, Apt. #, etc.		3. Mailing Office Address 12508 W. Atlantic Blvd. Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33071 Country USA		City & State Coral Springs, FL Zip 33071 Country USA	

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 06/15/2011	
6. FEI Number 45-2552167	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Roberto Torres	
Street Address (P.O. Box Number is Not Acceptable) Suite 11167 NW 1st Ct Apt. #, Etc.	
City Coral Springs	State FL Zip Code 33071

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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 05/24/2016

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	Kathleen Kearns	12508 W. Atlantic Blvd.	Coral Springs, FL 33071

11. E-mail Address: rtorres@kmr-realty.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

Date

05/24/2016

Daytime Phone #

786-402-7475

Typed or printed name of signing authorized representative/member

Roberto Torres