

L11000091260

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000091260

1. Limited Liability Company's Name

2012
A Different Stroke By Kenneth LLC

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

2001 Old St. Augustine

Suite, Apt. #, etc.

D 105

City & State

Tallahassee, FL

Zip

FL 32301

Country

USA

3. Mailing Office Address

1602 15th St W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

08-08-11

6. FEI Number

45-2621159

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

E-mail Address:

Washington Kenneth 65@yahoo.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Kenneth Washington

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

2001 Old St. Augustine Rd

Suite, Apt. #, Etc

D 105

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Kenneth Washington

REGISTERED AGENT MUST SIGN

Date

06/25/13

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
mgrm	Kenneth Washington	2001 Old St. Augustine Rd D105	Tallahassee, FL 32301
			100249225681 06/26/13--01001--001 **377.50
			REINSTATEMENT 2012-2013

11. I certify that I am managing member/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 608.406, 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 Managing
Member/Manager

Kenneth Washington

Date

6/25/13

Daytime Phone #

(850) 509-1326

Typed or printed name of signing Managing Member/Manager

Kenneth Washington