

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 NOV 19 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L11000115701

1. Limited Liability Company's Name

Kupco, LLC

100254030551  
11/19/13--01028--018 \*\*238.75

CR2E041 (1/11)

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

6112 Hunters Ridge Ave

Suite, Apt. #, etc.

3. Mailing Office Address

same as # 2

Suite, Apt. #, etc.

City & State

Leesburg, Florida

City & State

same as #2

Zip

34748

Country

USA

Zip

same as #2

Country

same as #2

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

Oct. 10, 2011

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

No

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ann Kupferberg

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

6112 Hunters Ridge Avenue

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

E-mail Address:

ajkupf@gmail.com

(To be used for future annual report notices)

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

Ann Kupferberg

Date 11/13/13

REGISTERED AGENT MUST SIGN

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	Stephen Kupferberg (deceased)	6112 Hunters Ridge Ave.	Leesburg, Florida 34748
MGRM	Ann Kupferberg	6112 Hunters Ridge Ave.	Leesburg, Florida 34748

**REINSTATEMENT**

NOV 19 2013

R. HUNT

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

Ann Kupferberg

Date 11/13/13

Daytime Phone # 301-305-7093

Typed or printed name of signing Managing Member/Manager

Ann Kupferberg