FILED

14 OCT 20 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L11000123125

1. Limited Liability Company's Name
KRK DESIGNS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11511 Trotting Down Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Odessa, FL			
Zip	Country	Zip	Country
33556			

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
OCTOBER 25, 2011

6. FEI Number
45-4495309
☐ 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
J. Paul Raymond

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

Suite, Apt. #, Etc.
Ste 200

City	State	Zip Code
Clearwater	FL	33756

OCT 20 2014

L. SELLERS

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 _____ Date October 20, 2014

REGISTERED AGENT MUST SIGN

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	Kourtney R. Keys	11511 Trotting Down Dr.	Odessa, FL 33556
Authorized Rep	J. Paul Raymond	625 Court Street, Suite 200	Clearwater, FL 33756

~~REINSTATEMENT~~ 2014

11. E-mail Address: jpr@macfar.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 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 10/20/14 Daytime Phone # 727-441-8966

Typed or printed name of signing Authorized Representative/Manager J. Paul Raymond, Authorized Representative

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
KRK DESIGNS, LLC

Certificate of Status	1
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Estimated Charge	$243.75

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