


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT -2 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900264975209

CR2E041 (1/14)

DOCUMENT # L12000020096

1. Limited Liability Company's Name
KTB & ASSOCIATES, LLC

2. Principal Office Address - No P.O. Box # 1036 Softshoe Place		3. Mailing Office Address PSC 80 BOX 22392	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State APO, Japan	
Zip 32506	Country USA	Zip 96367	Country Japan

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
02/10/2012

6. FEI Number
45-4578957

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a Certificate of Status**

Applied For ☐ Not Applicable ☐

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, do hereby certify that I am qualified to accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Courtney Williams* **Courtney Williams**
Asst. Vice President

Date 10.02.2014

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
AMBR	Kevin Bonner	1036 Softshoe Place	Pensacola, FL 32506
AMBR	Takako Bonner	1036 Softshoe Place	Pensacola, FL 32506
REINSTATEMENT			
OCT 02 2014			
R. HUNT			

11. E-mail Address _____

(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 *Kevin Bonner* Date 10/02/14 Daytime Phone # 210 858 8886

Typed or printed name of signing Authorized Representative/Manager **Kevin Bonner, Member**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 320521 7871726

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 238.75

ORDER DATE : October 1, 2014

ORDER TIME : 10:12 AM

ORDER NO. : 320521-010

CUSTOMER NO: 7871726

DOMESTIC FILINGS

NAME: KTB & ASSOCIATES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 OCT 02 2014

EXAMINER'S INITIALS R. HUNT

RECEIVED
DEPARTMENT OF REVENUE
2014 OCT -2 PM 12:06
TO AGENCY
SUFFICIENCY OF FILING