

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13000002151**

1. Limited Liability Company's Name

JAMES MICHAEL KASHIRSKI LLC

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

154 PALAZZO CT

Suite, Apt. #, etc.

City & State

NORTH VENICE, FL

Zip

34275

Country

USA

3. Mailing Office Address

**P.O. Box 593
LAUREL, FL 34272**

Suite, Apt. #, etc.

City & State

LAUREL, FL

Zip

34272

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

JANUARY 1, 2013

6. FEI Number

46-1700846

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

JAMES M. KASHIRSKI

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

154 PALAZZO CT

Apt. #, Etc.

City

NORTH VENICE

State

FL

Zip Code

34275

400278522724
10/27/15--01025--003 **877.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/22/2015**

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
MEM	JAMES M. KASHIRSKI	154 PALAZZO CT.	NORTH VENICE, FL 34275

REINSTATEMENT

2014 2015

11. E-mail Address: **KASSELLS@GMAIL.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

[Signature]

Date **10/22/15**

Daytime Phone # **941-441-7661**

Typed or printed name of signing authorized representative/member

JAMES M. KASHIRSKI