

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2015 DEC 29 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 29 2015

L BERGER

CR2E041 (1/14)

DOCUMENT # L140000 31385

1. Limited Liability Company's Name

K & M Well Drilling LLC

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

2296 Ednor St

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Same

Zip

33952

Country

USA

Zip

Same

Country

Same

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

46-4967425

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

Richard T. Aiken

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

2296 Ednor St

Apt. #, Etc.

Port Charlotte

City

State

FL

Zip Code

33952

100280452831  
12/29/15--01022--010 \*\*238.75

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

12/28/15

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

N/A  
**REINSTATEMENT**

2015

11. E-mail Address:

Kand M Driller 82@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. 817.135, F.S.

Signature of authorized representative/member

[Signature]

Date

12/28/15

Daytime Phone #

(941) 467-9969

Typed or printed name of signing authorized representative/member

Richard T. Aiken