

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 SEP 26 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000112229

1. Limited Liability Company's Name

Kinfolks Cleaning Service LLC
1614 Atkamire Drive
Tallahassee, FL 32304

CR2E041 (12/13)

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

1614 Atkamire Drive

3. Mailing Office Address

1614 Atkamire Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32304

Country

Leon

Zip

32304

Country

Leon

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Margo English

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

1614 Atkamire Drive

Suite, Apt. #, Etc.

E-mail Address:

900290625379

09/26/16--01004--016 **238.75

900290625379

09/26/16--01004--016 **238.75

(To be used for future annual report notices)

City

Tallahassee

State

FL

Zip Code

32304

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

Margo English

Date

9/26/2016

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	Margo English	1614 Atkamire Drive	Tallahassee, FL 32304

11. I certify that I am an authorized person 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 Chapter 605, 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 Person

Margo English

Date

9/26/2016

Daytime Phone #

850 694-8459

Typed or printed name of signing Authorized Person

K. ASHTON