

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
CLERK OF STATE
11/21/20 11:21 AM
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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000154378

1. Limited Liability Company's Name
KESU, LLC

400868808584
11/21/20--01004--025 **337.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 711 Forest Club Dr.		3. Mailing Office Address 711 Forest Club Dr.	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State Wellington, FL		City & State Wellington, FL	
Zip 33414	Country USA	Zip 33414	Country USA

4. State/Country of Formation FL/Palm Beach County	
5. Date Organized or Qualified To Do Business in Florida 10-2-2014	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name David R. Topping			
Street Address (P.O. Box Number is Not Acceptable) Suite 10 Edgewater Dr.			
Apt. # Etc 12-A			
City Coral Gables	State FL	Zip Code 33133	

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 11/3/2020

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	David R. Topping	10 Edgewater Dr. #12-A	Coral Gables, FL 33133
			15-20
			dec 11/2/21

11. E-mail Address jatopping@outlook.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 11/3/2020 Daytime Phone # 404-317-8969
Typed or printed name of signing authorized representative/member David R. Topping