

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L14000170324

1. Limited Liability Company's Name

R + K Ecoponics Produce, LLC

FILED  
15 DEC 31 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>7701 Timberlin Park Blvd #1212</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32256</u>	Country <u>USA</u>	Zip <u>32256</u>	Country <u>USA</u>

4. State/Country of Formation

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

Alfred K Mulzet

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

7701 Timberlin Park Blvd #1212

Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

700280571187  
01/04/16--01039--005 \*\*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

Alfred K. Mulzet

REGISTERED AGENT MUST SIGN

Date 12/30/15

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
	<u>Alfred K Mulzet</u>	<u>7701 Timberlin Park Blvd #1212</u>	<u>Jacksonville, FL 32256</u>

DEC 31 2015

M WILLIAMS

11. E-mail Address: mulzet@yahoo.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

Alfred K Mulzet

Date

12/30/15

Daytime Phone #

904-343-2495

Typed or printed name of signing authorized representative/member

Alfred K Mulzet