

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000088117

1. Limited Liability Company's Name
FSK, LLC

2. Principal Office Address - No P.O. Box #
522 NORTH SHERIDAN ROAD

Suite, Apt. #, etc.
SECOND FLOOR

City & State
Waukegan IL

Zip Country
60085 US

3. Mailing Office Address
522 NORTH SHERIDAN ROAD

Suite, Apt. #, etc.
SECOND FLOOR

City & State
Waukegan, IL

Zip Country
60085 US

8. Name and Address of Current Registered Agent

Name
Registered Agents Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
7901 4th St N, STE 300

Apt. #, Etc

City State Zip Code
St. Petersburg FL 33702

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

Bill Hume

Date 05/21/2019

REGISTERED AGENT MUST SIGN

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	William Powers	522 NORTH SHERIDAN RD 2ND	WAUKEGAN IL 60085

REINSTATEMENT

MAY 24 2019

R. HUNT

RN

11. E-mail Address IAN@RTOPROPERTY.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

05/21/2019

Daytime Phone #

847-672-4848

Typed or printed name of signing authorized representative/member

WILLIAM POWERS

FILED

2019 MAY 24 AM 11:24

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05/24/19--01006-091 **130.00

05/24/19--01006 001 **130.00

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 5/18/2015

6. FEI Number
47-4042381

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status