


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2017 MAY -1 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L15000102293**

1. Limited Liability Company's Name  
**KB AUTOMOTIVE PAINTSHOP LLC**

2. Principal Office Address - No P.O. Box # <b>5079 n dixie hwy</b>		3. Mailing Office Address <b>5079 n dixie hwy</b>	
Suite, Apt. #, etc. <b>suite 328</b>		Suite, Apt. #, etc. <b>suite 328</b>	
City & State <b>oakland park Florida</b>		City & State <b>oakland park Florida</b>	
Zip <b>33334</b>	Country <b>USA</b>	Zip <b>33334</b>	Country <b>USA</b>

CRZE041 (1/14)

4. State/Country of Formation  
**florida**

5. Date Organized or Qualified To Do Business In Florida  
**06/08/2015**

6. FBI 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  
**Brenda Valerino**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**6256 sw 20th street**

Apt. #, Etc.

City  
**pompano beach**

State  
**FL**

Zip Code  
**33068**

**400298613624**  
 05/01/17--01004--001 \*\*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 *Brenda Valerino* Date 4.26.17

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
<b>MGR</b>	<b>sunbridge rental management LLC</b>	<b>3225 Mcleod drive suite 100</b>	<b>las vegas nevada 89121</b>

11. E-mail Address: **jfdk99@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 *[Signature]* Date **04-25-2017** Daytime Phone # **954 610 2744**

Typed or printed name of signing authorized representative/member \_\_\_\_\_

MAY 01 2017  
 C. CARROTHERS