

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2020 FEB 11 AM 10:49

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L17000121027**  
Limited Liability Company's Name  
**KAIZEN CONCEPTS CONSULTING, LLC**

300840587443  
02/11/20--01003--014 \*\*518.25

Principal Office Address - No P.O. Box # <b>50 FORT PICKENS RD</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc. <b>UNIT 1210</b>		Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>PENSACOLA BEACH, FL</b>		City & State <b>SAME</b>	
P <b>2561</b>	Country <b>USA</b>	Zip <b>SAME</b>	Country

CR2E041 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <b>6/2/17</b>	
6. FEI Number <b>82-1778485</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name <b>JAMES R GAMBILL</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite <b>850 FORT PICKENS RD</b>			
Apt. #, Etc. <b>UNIT 1210</b>			
City <b>PENSACOLA BEACH</b>	State <b>FL</b>	Zip Code <b>32561</b>	

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 *James R Gambill* Date **2/6/20**  
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
GR	JAMES R GAMBILL	850 FORT PICKENS RD UNIT 1210	PENSACOLA BEACH, FL 32561

E-mail Address: **JIM.GAMBILL@ATT.NET** (To be used for future annual report notifications)

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 5.0012, 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 all 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/manager *James R Gambill* Date **2/6/20** Daytime Phone # **850-393-1767**

Typed or printed name of signing authorized representative/manager

T MOORE  
FEB 12 2020