

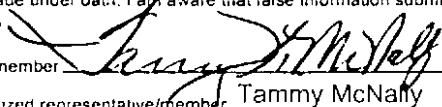


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2020 MAY 29 AM 9:24

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L18000017866			
1. Limited Liability Company's Name K-9 KRUZER, LLC			
2. Principal Office Address - No P.O. Box # 7010 Lake Nona Blvd		3. Mailing Office Address 7010 Lake Nona Blvd	
Suite, Apt. #, etc. #503		Suite, Apt. #, etc. #503	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32827	Country USA	Zip 32827	Country USA
8. Name and Address of Current Registered Agent			
Name Lance A. Ragland, P.A.			
Street Address (P.O. Box Number is Not Acceptable) Suite. 2461 W. State Road 426			
Apt. #, Etc. Suite 1001			
City Oviedo		State FL	Zip Code 32765
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 		Date May 21, 2020	
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	Tammy K. McNally	7010 Lake Nona Blvd. #503	Orlando, FL 32827
11. E-mail Address Lance@LRaglandLaw.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 		Date 26 May 2020	Daytime Phone # 407-967-1416
Typed or printed name of signing authorized representative/member Tammy McNally			

DIVISION OF CORPORATIONS

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4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida 1/22/18

6. FEI Number 82-4113269 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of statusT. MOORE
JUN 01 2020