

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

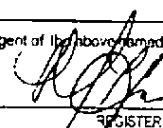
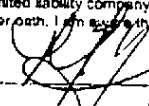
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2023 DEC 20 PM 4:21

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

100121170131
10/23/2023 - 01/01/2024 @ \$21.25

CR20041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L18000183044 1. Limited Liability Company's Name Kepetch, LLC			
2. Principal Office Address - No P.O. Box # 7660 162nd CT N State Apt. #, etc. City & State West Palm Beach, FL Zip 33418		3. Mailing Office Address 7660 162nd CT N State Apt. #, etc. City & State West Palm Beach, FL Zip 33418	
Country Palm Beach		Country Palm Beach	
8. Name and Address of Current Registered Agent Name Joint Preservation and Limb Reconstruction Center, LLC Street Address (P.O. Box Number is Not Acceptable) Suite 108 Intracoastal Pointe Drive Apt. # Etc. STE 300 City JUPITER			
State FL		Zip Code 33477	
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 12/27/2023 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
AMBR	Matthew Harris	7660 162nd CT N	West Palm Beach, FL 33418
AMBR	Adrianna Harris	7660 162nd CT N	West Palm Beach, FL 33418
11. E-mail Address: matt.harris735@gmail.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 12/27/2023 Daytime Phone # 347-891-1546	
Typed or printed name of signing authorized representative/member Matthew Harris			

A. PARISHANI

27 2023