PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2023 DEC 20 PM 4:21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 #		3. Mailing Office Address	
7660 162nd CT N		7660 162nd CT N	
Suite Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33418	Palm Beach	33418	Palm Beach

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/30/2018

6. FEI Number: 83-1438446 ☐ 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: 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	State	Zip Code
JUPITER	FL	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

DEC 27 2023