

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000158251

1. Limited Liability Company's Name:

KARUANA HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #

370 Camino Gardens Blvd.

Suite Apt. # etc

Suite 300

City & State

Boca Raton, FL

Zip

33432

Country

United States

3. Mailing Office Address

370 Camino Gardens Blvd.

Suite Apt. # etc

Suite 300

City & State

Boca Raton, FL

Zip

33432

Country

United States

8. Name and Address of Current Registered Agent

Name

Lusthaus Law Group, PLLC

Street Address (P.O. Box Number is Not Acceptable) Suite

370 Camino Gardens Blvd., Suite 326

Apt. # Flt.

City

Boca Raton

State

FL

Zip Code

33432

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

William Lusthaus

Date 1/20/2025

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	KARUANA LIVING TRUST	370 Camino Gardens Blvd.	Boca Raton, FL 33432

11. E-mail Address

Anthony.F@prowaremms.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

1/25/25

Daytime Phone #

954-663-4934

Typed or printed name of signing authorized representative/member

Anthony Fermin

FILED

2025 FEB -3 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED41 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/12/2020

6. FEI Number

85-1445946

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

500443909095

02/03/25--01004--017 **238.75

Am 2/3/25