PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 APR -6 PM 12:40

DOCUMENT # L20000220158

1. Limited Liability Company's Name: King Cachi LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #: 8305 W Sample RD
Suite, Apt. #, etc: 2
City & State: Coral Springs, FL
Zip: 33065 Country: U.S.

3. Mailing Office Address: 8305 W Sample RD
Suite, Apt. #, etc: 2
City & State: Coral Springs, FL
Zip: 33065 Country: U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/27/2020

6. FEI Number: 85-2183928 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

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04/06/23--01008--001 **238.75

8. **Name and Address of Current Registered Agent**

Name: Russell D Brown
Street Address (P.O. Box Number is Not Acceptable) Suite: 8305 W Sample RD
Apt. # Etc: 2
City: Coral Springs State: FL Zip Code: 33065

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: Russell Brown Date: 3/22/23
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~~ (AR) | Charnea Hall | 8305 W Sample RD | Coral Springs, FL 33065 |
| CEO | Russell Brown | 8305 W Sample RD | Coral Springs, FL 33065 |
| | | | |
| | REINSTATEMENT | R. HUNT | |
| | | 04/06/23 | |

11. E-mail Address: ContactKingCachi@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: Russell Brown Date: 3/22/2023 Daytime Phone #: 929-446-6855

Typed or printed name of signing authorized representative/member: Russell Brown