PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L22000157127

telony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

1. Limited Liability Company's Name KF EQUITIES LLC

FILED

2024 SEP 10 PM 1:11

SECRETARY OF STATE TALLAHASSEE. S. GRIDA

T44&FA13-G948

| | | | | | | · | |
|---|--|--|---|---------------------------|--|---|--|
| Principal Office Address - No P.O. Box # 13807 Russell Zepp Drive | | Mailing Office Address 13807 Russell Zepp Drive | | 4. State/Coun | CR2E041 (1/14) 4. State/Country of Formation | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Florida 5. Date Organized or Qualified To Do Business in Florida April 13, 2022 | | |
| City & State Clarksville, MD | | City & State Clarks ville, MD | | 6. FEI Numbe | 6. FEI Number Applied For 88-1828616 Not Applicable | | |
| zip 21029 | Country | Z _{IP} 21029 | Country | 7. CERTIFICATE OF | STATUS DESIRED (\$5.00 A | dditional Foo required rtilicate of status | |
| | 8. Name and Addr | ess of Current Registe | ered Agent | _ | | | |
| | rporate Services, Inc. (P.O. Box Number is Not Acceptable) | Suita | | | | | |
| | Park Avenue | | | | | | |
| 2nd Floor City Tallahasse | | | State Zip Code | | | | |
| 9. I, being a Signature of Registered A | appointed the registered agent of the | above named limited lia above named limited lia BC HSS REGISTEREO AGENT | bility company, am familiar with | and accept the obligation | os of Chapter 605, F.S. Date 9/9 | (24 | |
| 10. Names a | nd Street Addresses of Authorized Re | presentatives/Managers | Plane A Andreas | -4Fb | | | |
| Titles | Name of Authorized Representatives/ Managers | | Street Andress of Each Authorized Representative/ Manager | | City / State / Zip | | |
| MGR | Glenn Falcao | | 13807 Russell Zepp Drive | | Clarksville, | MD 21029 | |
| | <u> </u> | | | <u> </u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11. E- mail A | _{ddress:} glennfalcao@gma | l.com | | | | <u> </u> | |
| 12 Legrify : | that I am an authorized representat when filing this reinstatement applic | ive/ manager or the rec | (Tabe used for future annual report eiver or trustee empowered to solution has been eliminated, t | execute this application | as provided for in Chapter 60 iny name satisfies the require | 05, F.S. I further ement of section | |

505.0012, 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

September 5, 2024

Daytime Phone #

9

Typed or printed name of signing authorized representative/member Glenn Falcao



Filing Cover Sheet

| To: Florida Division of Corporations | | | | |
|--|-------------------------------|--|--|--|
| From: Merritt | | | | |
| Date: 9/9/2024 | | | | |
| Trans#: 1491395 | | | | |
| Entity Name: KF EQUITIES LLC | | | | |
| Articles Incorporation () | Articles of Amendment () | | | |
| Articles of Dissolution () | Annual Report () | | | |
| Conversion () | Fictitious Name () | | | |
| Foreign Qualification () | Limited Liability () | | | |
| Limited Partnership () | Merger () | | | |
| Reinstatement (√) | Withdrawal / Cancellation () | | | |
| Other () | | | | |
| STATE FEES PREPAID WITH CHECK <u># 4149</u> FOR \$ | 100.00 | | | |
| PLEASE RETURN: | | | | |
| Certified Copy () Plain Photoco | py (√) | | | |
| iood Standing () Certificate of Fact () | | | | |
| | | | | |

Phone: 855-498-5500