PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2025 FEB 10 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # L22000343982

1. Limited Liability Company's Name
KLRJH Holdings, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
10231 Thurston Groves Blvd	
Suite, Apt. #, etc	Suite, Apt #, etc
City & State: Seminole	City & State: FL
Zip: 33778 / Country	Zip / Country

4. State/Country of Formation: FL / US

5. Date Organized or Qualified To Do Business in Florida: 8/4/2022

6. FEI Number: ☐ 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: Kathryne Hendricks
Street Address (P.O. Box Number is Not Acceptable) Suite
10231 Thurston Groves Blvd
Apt #, Etc
Seminole, FL 33778
City / State: FL / Zip Code

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: Kathryne Hendricks Date: 1/10/2025
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
VP	Randall J. Hendricks	11241 105th Ave	Largo, FL 33778
Sec	Kathleen Hendricks-Tubbs	11777 Maria Ln.	Seminole, FL 33772

11. E-mail Address: Kadi@hendricksapartments.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.

T. WILSON
FEB 10 2025

Signature of authorized representative/member: Kathleen Hendricks-Tubbs Date: 1/10/2025 Daytime Phone #: 727-479-5570

Typed or printed name of signing authorized representative/member: Kathleen Hendricks-Tubbs