

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L22006391459  
1. Limited Liability Company's Name  
Kuzzins Custom Repair Group LLC

800433371588  
07/25/24-01019--001 \*\*100.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>1423 Cornelia Ave</u> <small>Suite, Apt. #, etc</small>		3. Mailing Office Address <u>1423 Cornelia Ave</u> <small>Suite, Apt. #, etc</small>	
City & State <u>Sebring, FL</u>		City & State <u>Sebring, FL</u>	
Zip <u>33870</u>	Country <u>USA</u>	Zip <u>33870</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/7/2022</u>	
6. FEI Number <u>92-2097064</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent

Name  
Abdullah Khabeer

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc  
1423 Cornelia Ave

City  
Sebring State FL Zip Code 33870

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 WILLIAMS STATE FILE

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: [Signature] Date: 7/23/2024  
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
AR	Kamal Khabeer	3177 Kingfisher Dr	Decatur, Ga 30034
AR	Abdullah Khabeer	1423 Cornelia Ave	Sebring, FL 33870

11. E-mail Address: \_\_\_\_\_  
(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: [Signature] Date: 7/23/24 Daytime Phone #: 470-786-1058

Typed or printed name of signing authorized representative/member: \_\_\_\_\_

JUL 30 2024  
WILLIAMS