

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC -2 AM 10:09

DOCUMENT # L96000000321

1. Limited Liability Company's Name

ROYAL DEAN KACINIS LLC

2. Principal Office Address

2090 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

200

City & State

West Palm Beach, FL

Zip

33409

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1996

6. FEI Number

65-0696137

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ STATE ☐ FEDERAL

8. Name and Address of Current Registered Agent

Name

William Park Miller

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

2090 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

200

City

West Palm Beach, FL

900003067089 -8

-12/10/99-01079-007

State

FL

Zip Code

33409

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

W. Park Miller

REGISTERED AGENT MUST SIGN

Date 11/1/99

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	PARK MILLER	2090 P. B. Lakes Blvd #200 West Palm Beach, FL 33409	
MEM	Grant Stans	1-1	

REINSTATEMENT 1999

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

W. Park Miller

Date 11/22/99

Daytime Phone # (561) 683-0434

Typed or printed name of signing Managing Member/Manager

Park Miller