

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
00 DEC 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 98000000305

1. Limited Liability Company's Name

KARAL ASSOCIATES, L.C.

REINSTATEMENT 2000

2. Principal Office Address

471 N. ARROWHEAD TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

471 N. ARROWHEAD TRAIL

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip 32963

Country U.S.

Zip 32963

Country U.S.

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

3/12/98

6. FEI Number

65-0820985

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Lee BLATT

800003855938-3

-03/16/01--01059--013

****150.00 ****150.00

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

471 NORTH ARROWHEAD TRAIL

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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**

Lee Blatt

Date 12/19/00

REGISTERED AGENT MUST SIGN

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
MGR	Lee BLATT	471 N. ARROWHEAD TRAIL	Vero Beach FL 32963

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**

Lee Blatt

Date 12/29/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Lee BLATT