

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

01 APR 23 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L98-537

1. Limited Liability Company's Name

Kafor LLC.

2. Principal Office Address

2663 Ferol Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lynn Haven FL

City & State

Zip

Country

32444

Bang

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. EEL Number

59-3518191

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Milan Kosanovich

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

2663 Ferol Lane

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

Milan Kosanovich

REGISTERED AGENT MUST SIGN

Date 12-19-00

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
CEO	Milan Kosanovich	2663 Ferol Lane Lynn Haven FL 32444	300004076933--0 -04/25/01--01045--022 ****150.00 ****150.00

REINSTATEMENT

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dec

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

Milan Kosanovich

Date 12-19-00

Daytime Phone #

850 265 5555

Typed or printed name of signing Managing Member/Manager

Milan Kosanovich

CR2E041 (9/00)