

L98000002836

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 13 PM 2:09

DOCUMENT # L98000002836

1. Limited Liability Company's Name

KINGDOM REALTY, LLC.

2. Principal Office Address

5530 CATOMA STREET

Suite, Apt. #, etc.

STE 1

City & State

JACKSONVILLE FL

Zip

32244

Country

USA

3. Mailing Office Address

5530 CATOMA STREET

Suite, Apt. #, etc.

STE 1

City & State

JACKSONVILLE FL

Zip

32244

Country

USA

4. State/Country of Formation

FLORIDA/DUVAL

5. Date Organized or Qualified
To Do Business in Florida

11/24/98

6. FEI Number

593544087

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ~~Domestic~~ ☐ ~~Foreign~~

8. Name and Address of Current Registered Agent

Name

DENISE MONIQUE WALKER

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

11314 MONUMENT LANDING BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE E

State

FL

Zip Code

32225

MJM

500003082635-3

-12/29/99-01007-009

****150.00 ****150.00

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

Denise Walker

REGISTERED AGENT MUST SIGN

Date

12-9-99

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
MGR	Denise M. Walker	11314 MONUMENT LANDING	JACKSONVILLE FL 32225
MGRM	Nehemiah Diversified Investments	5530 CATOMA ST	JACKSONVILLE FL 32225

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

Denise M. Walker

Date

12-9-99

Daytime Phone #

904-908-5382

Typed or printed name of signing Managing Member/Manager