

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

02 JAN -7 AM 9:33

DOCUMENT # **L 99000000198**

1. Limited Liability Company's Name

KRP CONSULTING L.L.C.

800004777358--7
-01/16/02--01027--022
****150.00 ****150.00

2. Principal Office Address

6300 WINGED FOOT DR

Suite, Apt. #, etc.

SEVENTH

City & State **STUART
FLORIDA**

Zip

34997

Country

MARTIN

3. Mailing Office Address

6300 WINGED FOOT DR

Suite, Apt. #, etc.

City & State **STUART FLORIDA**

Zip

34997

Country

MARTIN

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1/12/99

6. FEI Number

65-0907742

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

THOMAS J. COTE

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

6300 WINGED FOOT DR

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

THOMAS J. COTE

Date

01/04/02

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

General Manager THOMAS J. COTE 6300 WINGED FOOT DR

STUART, FL 34997

Rein 100.00

UBR 50.00

150.00

nc

REINSTATEMENT 2001

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

THOMAS J. COTE

Date

01/04/02

Daytime Phone #

561-283-6959

Typed or printed name of signing Managing Member/Manager

THOMAS J. COTE