

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 NOV -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-458

1. Limited Liability Company's Name

THE KATHERINE OF ORLANDO, LLC

2. Principal Office Address

250 N. ORANGE AVE

Suite, Apt. #, etc.

1501

City & State

ORLANDO, FL

Zip

32801

Country

ORANGE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 2001

4. State/Country of Formation

FL ORANGE

5. Date Organized or Qualified  
To Do Business in Florida

11-1-1999

6. FEI Number

59 355 3429

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

ROBERT W. BROWNING JR.

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

250 N ORANGE AVE.

Suite, Apt. #, Etc.

1501

City

ORLANDO

State

FL

Zip Code

32801

200004685382-4

-11/16/01--01058--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

Robert W. Browning Jr.

REGISTERED AGENT MUST SIGN

Date 10-25-2001

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
PRESIDENT	ROBERT W. BROWNING JR.	1765 EDWIN BLVD.	WINTER PARK, FL 32789

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

Robert W. Browning Jr.

Date 10-25-2001

Daytime Phone #

407-650-0709

Typed or printed name of signing Managing Member/Manager

ROBERT W. BROWNING JR.