

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2004 FEB 12 PM 1:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000002113**

**1. Limited Liability Company's Name**  
KATC LLC

**2. Principal Office Address**  
1333 N. Duval St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip  
32302

Country  
USA

**3. Mailing Office Address**  
1333 N. Duval St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip  
32302

Country  
USA

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified  
To Do Business in Florida** 04/15/1999

**6. FEI Number**

Applied For

☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Florida Filing & Search Services, Inc.

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

1333 N. Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

**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

*R.D. Hodge, President*  
REGISTERED AGENT MUST SIGN

Date

2/12/04

**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	Konrad Tarkowski	47 Petit Jardin	Sark, Channel Islands GY90SE

**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

*Janet M. Caruccio*

Date 2-10-04

Daytime Phone# 302-421-5750

Typed or printed name of signing Managing Member/Manager

Janet M. Caruccio, attorney in fact for manager

**REINSTATEMENT**

2002-04

202

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

DATE: 02-12-04

NAME: KATC LLC

TYPE OF FILING: REINSTATEMENT

COST: \$250.00

RETURN:

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

