

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L9900002535

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 18 AM 9:54

DOCUMENT # **L99-2535**

1. Limited Liability Company's Name

Karatom, L.L.C.

9/29/00

2. Principal Office Address

3. Mailing Office Address

2180 IMMOKALEE RD
Suite, Apt. #, etc.

2180 IMMOKALEE RD.
Suite, Apt. #, etc.

316

316

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34110

USA

34110

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

65-1048856

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

CHRIS KARAKOSTA

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

NAPLES - LANDOCK, INC. C/O QUARLES & BRADY

Suite, Apt. #, Etc.

BARNETT CENTER, ~~CONVENT ROAD~~ 4501 TAMiami TRAIL NORTH

City

NAPLES

State

FL

Zip Code

34103-3060

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

CHRIS KARAKOSTA

Date **7/10/01**

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
Mgr	CHRIS KARAKOSTA	2180 IMMOKALEE ROAD	NAPLES, FL 34110
		UBR-2000	\$50.00
		UBR-2001	\$50.00
		Rein 00-010	100.00
		REINSTATEMENT 2000-2001	\$200.00
			np

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)