

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

00 OCT 20 PM 11:02

DOCUMENT # L99/5730

1. Limited Liability Company's Name

KC/DC, L.C.

200003454892--3
-11/07/00--01056--005
****150.00 ****150.00

2. Principal Office Address

1418 SAN MARCO BLVD

Suite, Apt. #, etc.
JACKSONVILLE, FL

City & State

Zip
32207

Country

USA

3. Mailing Office Address

1418 SAN MARCO BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

9-18-99

6. FEI Number

593610172

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

DIANNE R. CIRINO

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

1624 RIVER RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Katherine Harris

Date

10-18-00

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	Linda Proust	1534 LeBarron Ave	JAX FL 32207

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

Katherine Harris

Date

10-18-00

Daytime Phone #

904 3910033

Typed or printed name of signing Managing Member/Manager