

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

02 APR 25 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004623

1. Limited Liability Company's Name

K + D, L.C.

2. Principal Office Address

18440 PAULSON DR

3. Mailing Office Address

PO BOX 380339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MURDOCK FL

City & State

MURDOCK, FL

Zip

Country

33938

USA

Zip

Country

33938

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified

To Do Business in Florida OCT. 12, 1999

6. FEI Number

65-0960413

☒ 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

KARL Mc CABE

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

18440 PAULSON DR.

Suite, Apt. #, Etc.

City

MURDOCK

State

FL

Zip Code

33938

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

KMIL

REGISTERED AGENT MUST SIGN

Date 4-24-02

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	KARL Mc CABE	18440 PAULSON DR	MURDOCK FL 33938
MGR	DONALD Mc CABE	18440 PAULSON DR	MURDOCK FL 33938

REINSTATEMENT

2000-2002

CRS: 5.00

AL Fees = 150

Penalty = 100

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

KMIL

Date 4-24-02

Daytime Phone # 941 624-5958

Typed or printed name of signing Managing Member/Manager KARL Mc CABE

CR2E041 (9/00)