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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000006623

Name and Mailing Address

0014147 01 AT 0.292 **AUTO T1 0 0615 33938-033939



K&D, L.C.

P.O. BOX 380339

MURDOCK FL 33938-0339



7/13

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/07/1999	
Principal Place of Business 18440 PAULSON DRIVE MURDOCK FL 33938	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0960413	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MCCABE, KARL 18440 PAULSON DRIVE MURDOCK FL 33938	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City FL Zip Code
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10. 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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MCCABE, KARL	18440 PAULSON DRIVE	MURDOCK FL 33938
MGR	MCCABE, DONALD	18440 PAULSON DRIVE	MURDOCK FL 33938

REINSTATEMENT

2003
2004

12. 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

SIGNATURE REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2EG84 (7/03)