

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -7 AM 8:17

DOCUMENT # M00000002579

1. Limited Liability Company's Name

Kingsley Management, LLC

2. Principal Office Address

9653 Gulf Shore DR

Suite, Apt. #, etc.

503

City & State

Naples

Zip
FL

Country
USA

3. Mailing Office Address

9653 Gulf Shore DR

Suite, Apt. #, etc.

503

City & State

Naples

Zip
34108

Country
USA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/14/00

6. FEI Number

04-3477410

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

Matthew Lieb

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

9653 Gulf Shore Drive

Suite, Apt. #, Etc.

503

City

Naples

State

FL

Zip Code

34108

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

Matthew Lieb

REGISTERED AGENT MUST SIGN

Date 10/31/05

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	Matthew Lieb	9653 Gulf Shore Drive	Naples, FL 34108
Mgr	Chris Jones	111 Gray's Creek Drive	Savannah, GA 31410
	No longer with the company		

REINSTATEMENT

2005

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

Matthew Lieb

Date 10/31/05

Daytime Phone # 017-357-9274

Typed or printed name of signing Managing Member/Manager

Matthew C. LIEB