

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVISION 1

07 OCT 24 PM 3:53

CR2E041 (1/07)

DOCUMENT # M04000000914

1. Limited Liability Company's Name

Kitchenstone, LLC

2. Principal Office Address - No P.O. Box #

313 Industrial Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Thomasville, GA

City & State

Zip

31792

Country

USA

Zip

Country

4. State/Country of Formation

Georgia

5. Date Organized or Qualified
To Do Business in Florida

03/09/2004

6. FEI Number

030505929

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

David B. Switalski

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

122 S. Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

David B. Switalski

Date **10-16-07**

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
MGRM	Wayne Day	313 Industrial Boulevard	Thomasville, GA 31792

700111298667
10/24/07--01042--008 **250.00

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

Wayne Day

Date **10-19-07**

Daytime Phone # **229-228-5225**

Typed or printed name of signing Managing Member/Manager

Wayne Day