

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 AUG 27 PM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

DOCUMENT # M05000004292

1. Limited Liability Company's Name
K&S Pelican Landing, LLC

2. Principal Office Address - No P.O. Box #
7001 Brush Hollow Rd

Suite, Apt. #, etc.
Suite 200

City & State
Westbury NY

Zip Country
11590 USA

3. Mailing Office Address
7001 Brush Hollow Rd

Suite, Apt. #, etc.
Suite 200

City & State
Westbury NY

Zip Country
11590 USA

4. State/Country of Formation
New York

5. Date Organized or Qualified
To Do Business in Florida 8/2/2005

6. FEI Number 20-3231034
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
Joel S. Piotrkowski
Street Address (P.O. Box Number is Not Acceptable)
317 - 71st Street
Suite, Apt. #, Etc.

City State Zip Code
Miami Beach FL 33141

E-mail Address:

700250978107
08/23/13--01036--003 **516.25

margie@kaled.com

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date 8-16-13

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	Edward Kalikow	7001 Brush Hollow Rd	Westbury New York 11590
MGRM	Eugene Shalik	80 Crossways Dr Park W	Woodbury New York 11797

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 8/16/2013 Daytime Phone # 516-876-4800

Typed or printed name of signing Managing Member/Manager Edward Kalikow

cc 9/25