

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 FEB 17 PM 3: 54

DEKAY, NY
TALLAHASSEE, FLORIDA

DOCUMENT # M1300001956

1. Limited Liability Company's Name
Kaja Holdings, LLC

2. Principal Office Address - No P.O. Box # 16 Berryhill Road		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Columbia, SC		City & State	
Zip 29210	Country US	Zip	Country
8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) Suite. 1200 South Pine Island Road			
Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324

CR2E041 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
C.O.O.	Steven Randall	16 Berryhill Road, Suite 200	Columbia, SC 29210

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

02/05/2016

Daytime Phone #

(803) 753-5530

Typed or printed name of signing authorized representative/member

Steven Randall