182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
15 OCT 15 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000005415

1. Limited Liability Company's Name

Kodiak Services, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5605 Creekmont Dr.		5605 Creekmont Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Houston, TX		Houston, TX	
Zip	Country	Zip	Country
77091	USA	77091	USA

CR2E041 (1/14)

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 7/31/14

6. FEI Number: 76-0302394 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

OCT 16 2015
L. SELLERS

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite: 1200 South Pine Island Road

Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: Jane Zachritz — Jane Zachritz Asst. Secretary — Date: 10/14/2015

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
Pres	Lynn Mobley	18106 E Cypress Rosehill	Cypress, TX 77429
Sec/Tre	Ronald Wunderlich	15902 Drifting Rose	Cypress, TX 77429
VP	Scott Buyajian	14227 Blair Ridge Dr	Cypress, TX 77429
VP	Stephan Buyajain	3603 El Dorado Oaks Ct	Houston, TX 77059
		REINSTATEMENT 2016	

11. E-mail Address: sonjin@allexroofing.com
(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 requirements of section 605.0112, 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: [signature] Date: 10/14/2015 Daytime Phone #: 713 643-6775

Typed or printed name of signing authorized representative/member: Stephan Buyajian

2 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000247450 3)))

H15000247450 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
KODIAK SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

Electronic Filing Menu Corporate Filing Menu Help