

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -3 A 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # **P99 0000 37943**

1. Limited Liability Company's Name

KWM SERVICES INC.

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

2515 EDGEWATER FALLS DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRANDON FL.

City & State

Zip

33511

Country

USA

Zip

Country

4. State/Country of Formation

UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

05-06-1999

6. FEI Number

59-3572660

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

KENNETH W. MAC AULAY

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

2515 EDGEWATER FALLS DR

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

☒ 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

Kenneth W Mac Aulay

REGISTERED AGENT MUST SIGN

Date

1/16/2009

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
PRES CEO	KENNETH W MAC AULAY	2515 EDGEWATER FALLS DR	BRANDON FL 33511
	N/A		100142712731
			02/03/09--01019--002 **550.00

REINSTATEMENT

01-09

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

Kenneth W Mac Aulay

Date

1/16/2009

Daytime Phone #

813 695-1101

Typed or printed name of signing Managing Member/Manager

KENNETH W. MAC AULAY