

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG -6 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # 200443

S. Karidas & Sons, L.C.
102050 Overseas Hwy
Key Largo, FL 33037

1a. Principal Place of Business Address
same

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

see 1

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

see 1

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

1995

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Paul Karidas
102050 Overseas Hwy
Key Largo, FL 33037

8. Name and Address of New Registered Agent

Name

Timothy Thomes

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

99198 Overseas Hwy

Suite, Apt. #, etc.

Ste # 8

City

Key Largo

FL

Zip Code

33037

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

Date

7-28-97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Pres Paul Karidas

102050 Overseas Hwy

Key Largo, FL 33037

500002260965-0
-08/07/97--01095-006
***3066.50 ***2150.85

REINSTATEMENT

95-97

A. Alan
8/6/97

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

Date

7/28/97

Daytime Phone #

305-451-0943

Typed or printed name of signing Managing Member/Manager

Paul Karidas