


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 FEB -4 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012722

1. Limited Liability Company's Name
KAFIA, L.L.C.

04

[Handwritten Signature]

2. Principal Office Address 1001 Garden View Dr. NE		3. Mailing Office Address 1001 Garden View Dr. NE	
Suite, Apt. #, etc. #611		Suite, Apt. #, etc. #611	
City & State Atlanta, Georgia		City & State Atlanta, Georgia	
Zip 30319	Country USA	Zip 30319	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 05/24/2002	
6. FEI Number 01-0733576	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	

8. Name and Address of Current Registered Agent

Name
Transglobal Corporate Administration, LLC

Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive

Suite, Apt. #, Etc.
O-305

City
Miami

State
FL

Zip Code
33131

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 *[Signature]* Date **02/10/05**

REGISTERED AGENT MUST SIGN

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
MGR	WILSON MOCELLIN	1001 Garden View Dr. NE #611	Atlanta, Georgia 30319
			300046293633 02/10/05--01010--020 **200.00
			REINSTATEMENT 2004-2005

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 *[Signature]* Date **02/10/05** Daytime Phone# **(404) 814 1086**

Typed or printed name of signing Managing Member/Manager **WILSON MOCELLIN**

CR2E041 (10/02)