

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L02000034374

Name and Mailing Address

0006904 01 AT 0.292 **AUTO T6 0 0615 33160-387543

KB HOMES SOUTH FL, L.L.C.
3843 NE 166TH STREET
MIAMI FL 33160-3875

900025264259
12/08/03 --01001--030 **150.00



114 2003-2004

2. New Mailing Address 18170 WEST DIXIE HWY City, State, Zip MIAMI, FL 33160		4. State/Country of Formation FL	
Principal Place of Business 3843 NE 166TH STREET MIAMI FL 33160		5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
3. New Principal Place of Business Address 18170 WEST DIXIE HWY City, State, Zip MIAMI, FL 33160		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent BLOOMGARDEN, PAUL M 8551 W, SUNRISE BLVD., STE. 208 FT. LAUDERDALE FL 33322		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 REQUIRED Date 12/1/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
pres	Alegre BERMAN	18170 WEST DIXIE HWY	MIAMI, FL 33160
vice pres	JAC BERMAN	18170 WEST DIXIE HWY	MIAMI, FL 33160
secretary	BRETT KRUPNICK	18170 WEST DIXIE HWY	MIAMI, FL 33160
		900025264259 01/14/04--01012--002 **50.00	
REINSTATEMENT 2003-2004			

12. 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 REQUIRED Date 12/1/03 Daytime Phone# 305 9925631
Typed or printed name of signing Managing Member/Manager Alegre BERMAN