

LO6000076813

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 30 PM 2:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

800137740808
11/07/08--01032--010 **277.50

CR2E041 (10/08)

DOCUMENT # LO6000076813

1. Limited Liability Company's Name
Kenichi International, LLC

2. Principal Office Address - No P.O. Box #
9395 N.W. 13 Street

3. Mailing Office Address
9395 N.W. 13 Street

City & State
Doral, FL

City & State
Doral, FL

Zip
33172

Zip
33172

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
08-03-06

6. FEI Number
20-5323018

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Jose J. Padial
Street Address (P.O. Box Number is Not Acceptable): 2600 S. Douglas Rd
Suite, Apt. #, Etc.: PH-6
City: Coral Gables State: FL Zip Code: 33134

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 609, F.S.
Signature of Registered Agent: [Signature] Date: 10/29/08
REGISTERED AGENT MUST SIGN

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MBR</u>	<u>Mark Steven Van Der Kwast</u>	<u>9395 N.W. 13 Street</u>	<u>Doral, FL 33172</u>

REINSTATEMENT 2007-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 600, 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 605.409, 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: 10/29/08 Daytime Phone #: 395 4489010
Typed or printed name of signing Managing Member/Manager: STEVEN VAN DER KWAST