

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 DEC 20 AM 11:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #

L99-3593

1. Limited Liability Company's Name

K-FORE, L.L.C.

2. Principal Office Address

266 Barefoot Beach Blvd

Suite, Apt. #, etc.

501

City & State

Bonita Springs FL

Zip

94134

Country

Collier

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

6/18/1999

6. FEI Number

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

Naples-Lawdock, Inc.

300003516133-7

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

4501 Tamiami Trail North

12/28/00 01079-011

****150.00 ****150.00

Suite, Apt. #, Etc.

Suite-300

City

Naples

State
 FL

Zip Code

34103

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] PRESIDENT

Date 12/8/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Files	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Frank P. Kristoff	266 Barefoot Beach Blvd Suite 501	Bonita Springs FL 34134

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] Frank P. Kristoff

Date 12/14/00

Daytime Phone # 941 9770871

Typed or printed name of signing Managing Member/Manager

FRANK P KRISTOFF

CR20041 (9/99)