

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 21 AM 11:20

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000003593

1. Limited Liability Company's Name
K-FORE, L.L.C.

2. Principal Office Address
266 Barefoot Beach Blvd

Suite, Apt. #, etc.
Unit 501

City & State
Bonita Springs, FL

Zip
34134

Country
USA

3. Mailing Office Address
266 Barefoot Beach Blvd.

Suite, Apt. #, etc.
Unit 501

City & State
Bonita Springs, FL

Zip
34134

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 6/18/99

6. FEI Number 59-3586748

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.

Street Address (P.O. Box Number is Not Acceptable)
1395 Panther Lane

Suite, Apt. #, Etc.
Suite 300

City
Naples

State
FL

Zip Code
34109

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 *Thomas E. Chalony*
REGISTERED AGENT MUST SIGN

Date 5/21/04

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	Frank P. Kristoff	266 Barefoot Beach Blvd, Unit 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 *Frank P. Kristoff*
Typed or printed name of signing Managing Member/Manager Frank P. Kristoff

Date 5/21/04 Daytime Phone # 239-777-0871

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000110496 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (239)262-5959
Fax Number : (239)434-4999

LIMITED LIABILITY REINSTATEMENT

K-FORE, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$255.00

RECEIVED
04 MAY 21 PM 12:51
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help