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LIMITED LIABILITY REINSTATEMENT

KI, LLC

Certificate of Status	0
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # MD100000048 1. Limited Liability Company's Name <b>Ki, LLC</b>			
3. Physical Office Address <b>5495 MARK DREXLER BLVD</b> Date, Apt. #, etc. <b>Suite 301</b> City & State <b>Colorado Springs, CO</b> ZIP <b>80918</b>		3. Mailing Office Address <b>SAME</b> Date, Apt. #, etc. <b>SAME</b> City & State <b>SAME</b> ZIP <b>SAME</b> County <b>USA</b>	
4. State/County of Formation <b>AK</b>		5. Date Organized or Qualified To Do Business in Florida <b>Oct 2001</b>	
6. FID Number <b>84-1552887</b>		7. CERTIFICATE OF STATE DEBIAS <input type="checkbox"/>	

CR2001 (805)

8. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Rd.**

City, Apt. #, Etc.  
**Plantation**

State ZIP Code  
**FL 33324**

9. I, being appointed by the consent of all shareholders of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent **[Signature]** Name **James Martin** Date **3/13/06**

REGISTERED AGENT/Assistant Secretary

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>Pres</b>	<b>K. Wayne Starnes</b>	<b>535 Independence Hwy #B</b>	<b>Chesapeake, VA 23520-5126</b>

**REINSTATEMENT 02-06**

11. I certify that I am managing member/manager of the member or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that this information is true and correct to the best of my knowledge, and that the limited liability company meets the requirements of section 605.001, F.S., and that all fees called by the limited liability company have been paid. The information furnished 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 **3/13/06** Daytime Phone # **757-542-2300**

Typed or printed name of signing Managing Member/Manager **K. Wayne Starnes, Pres**