

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katharine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED REINSTATEMENT** 200

01 OCT 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000000103

**1. Limited Liability Company's Name**

KDC Holdings of Florida, LLC

**2. Principal Office Address**

500 Broadway Street

Suite, Apt. #, etc.

City & State

Berlin PA

Zip

15530

Country

USA

**3. Mailing Office Address**

500 Broadway Street

Suite, Apt. #, etc.

City & State

Berlin PA

Zip

15530

Country

USA

**4. State/Country of Formation**

PA/FL

**5. Date Organized or Qualified  
To Do Business in Florida**

01/04/00

**6. FEI Number**

59-3655371

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

Patrick B. Casey, CPA

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

9240 Bonita Beach Road, Suite 2209

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

**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

REGISTERED AGENT MUST SIGN

Date

10/23/01

**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
MGMR	Kim Bittner	123 Aiken Avenue	Somerset, PA 15501
MGMR	David Pentrack	617 Walters Avenue	Johnstown, PA 15904
MGMR	R. Craig Bittner	165 Westridge Road	Somerset, PA 15501

**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 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

*Kim Bittner*

Date

10/23/01 Daytime Phone # 1814-267-4122

Typed or printed name of signing Managing Member/Manager

Kim Bittner

CR2E041 (9/01)