

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 20 AM 10:55

DOCUMENT # L 00000000 596

1. Limited Liability Company's Name

KDB DESIGN, LLC

CR2E041 (8/05)

2. Principal Office Address

4207 TRANQUILITY DRIVE

Suite, Apt. #, etc.

City & State

HIGHLAND BEACH, FL 33487

Zip

33487

Country

USA

3. Mailing Office Address

4207 TRANQUILITY DRIVE

Suite, Apt. #, etc.

City & State

HIGHLAND BEACH, FL

Zip

33487

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

01/18/2000

6. FSI Number

65-0978086

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

BERGER, KERSTIN D

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

4207 TRANQUILITY DRIVE

Suite, Apt. #, Etc.

000060836040

10/20/05-01067-013 **205.0

City

HIGHLAND BEACH

State

FL

Zip

33487

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]

REGISTERED AGENT MUST SIGN

Date

10/18/05

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
MEM	BERGER, KERSTIN D	4207 TRANQUILITY DRIVE	HIGHLAND BEACH, FL 33487

REINSTATEMENT 04-05

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]

Date

10/08/05

Daytime Phone #

561-5422401

Typed or printed name of signing Managing Member/Manager

KERSTIN D BERGER