

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 SEP 14 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L000000002391

1. Limited Liability Company's Name

KIVA OF PALATKA, LLC

100041020741  
09/14/04--01009--001 \*\*410.00

2. Principal Office Address

201 ZEAGLER

Suite, Apt. #, etc.

City & State

PALATKA

Zip

32177

Country

USA

3. Mailing Office Address

4717 STUART ST (EN)

Suite, Apt. #, etc.

City & State

NASHVILLE TN

Zip

37215

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

FEB 28 2000

6. FEI Number

62-1813629

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

THOMAS D. SCARBOROUGH

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

201 ZEAGLER

Suite, Apt. #, Etc.

City

PALATKA

State

FL

Zip Code

32177

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 9/9/04

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
MEM	THOMAS D. SCARBOROUGH	201 ZEAGLER	PALATKA FL 32177

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 9/9/04

Daytime Phone

(352) 325 0699

Typed or printed name of signing Managing Member/Manager

THOMAS D. SCARBOROUGH

CR2ED41 (10/02)