

Division of Corporations

L000000003973

Florida Department of State
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From: Account Name : TRIPP, SCOTT, CONKLIN & SMITH
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LIMITED LIABILITY REINSTATEMENT

THE KABOT GROUP, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L00000003973 1. Limited Liability Company's Name <div style="text-align: center; margin-top: 10px;">THE KABOT GROUP, LLC</div>																																	
2. Principal Office Address 10929 West Broward Blvd. Suite, Apt. #, etc. City & State Plantation, FL Zip Country 33324 US		3. Mailing Office Address 10929 West Broward Blvd. Suite, Apt. #, etc. City & State Plantation, FL Zip Country 33324 US		4. State/Country of Formation <div style="text-align: center;">FL</div> 5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">04/03/00</div> 6. FEI Number 65-0993784 <div style="float: right; text-align: right;"> Applied For <input type="checkbox"/> Not Applicable </div> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Deborah R. Hanley, Esq.</td></tr> <tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2">c/o Tripp Scott, P.A., 110 SE 6th Street</td></tr> <tr><td colspan="2">Suite, Apt. #, Etc.</td></tr> <tr><td colspan="2">15th Floor</td></tr> <tr> <td style="width:60%;">City</td> <td>State Zip Code</td></tr> <tr> <td>Ft. Lauderdale</td> <td>FL 33301</td></tr> </table>						Name		Deborah R. Hanley, Esq.		Street Address (P.O. Box Number is Not Acceptable)		c/o Tripp Scott, P.A., 110 SE 6th Street		Suite, Apt. #, Etc.		15th Floor		City	State Zip Code	Ft. Lauderdale	FL 33301												
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u><i>Deborah R. Hanley</i></u> Date <u>11/15/01</u> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Titles</th> <th style="width:30%;">Name of Managing Members/Managers</th> <th style="width:30%;">Street Address of Each Managing Member/Manager</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Gary R. Kabot</td> <td>10929 West Broward Blvd.</td> <td>Plantation, FL 33324</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Gary R. Kabot	10929 West Broward Blvd.	Plantation, FL 33324																				
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 <u><i>Gary R. Kabot</i></u> Date <u>11/15/01</u> Daytime Phone# <u>954-476-0506</u> Typed or printed name of signing Managing Member/Manager <u>Gary R. Kabot, Managing Member</u>																																	

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