

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

06 NOV 7 AM 9:30

DOCUMENT # L00000006594

1. Limited Liability Company's Name

KR WEST HOLDINGS, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

1482 SHOAL WAY

Suite, Apt. #, etc.

N/A

City & State

OSPREY FL.

Zip

34229

Country

USA

3. Mailing Office Address

1482 SHOAL WAY

Suite, Apt. #, etc.

N/A

City & State

OSPREY FL.

Zip

34229

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

June 7, 2000

6. FEI Number

59-3727867

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

KEN BROOKE

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

1482 SHOAL WAY

Suite, Apt. #, Etc.

City

OSPREY

FL.

State

FL

Zip Code

34229

000001595270

11/07/06--01056--005 **45.00

10/20/06-01063-005-\$205.00

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

Ken Brooke

Date

REGISTERED AGENT MUST SIGN

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
Pres	KENNETH BROOKE	1482 SHOAL WAY	OSPREY FL. 34229

REINSTATEMENT 2004-06

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

Ken Brooke

Pres. Nov 3

Daytime Phone # 727-638-6159

Typed or printed name of signing Managing Member/Manager