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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED
Account Number : 073077002560
Phone : (772)231-6900
Fax Number : (772)231-9729

LIMITED LIABILITY REINSTATEMENT

KETCHUM-ANDROS, L.L.C.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000006854

1. Limited Liability Company's Name

Ketchum-Andros, L.L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4576 South Pebble Bay Circle		4576 South Pebble Bay Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Vero Beach, FL		Vero Beach, FL	
Zip	Country	Zip	Country
32963	U.S.A.	32963	U.S.A.

4. State/Country of Formation: Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 06/13/2000

6. FEI Number: 58-2603220 ☐ 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: Michael O'Haire

Street Address (P.O. Box Number is Not Acceptable): 3111 Cardinal Drive

Suite, Apt. #, Etc.:

City	State	Zip Code
Vero Beach	FL	32963

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: _____ Date: 01/30/2008

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
MR	John S. Miller	4576 South Pebble Bay Circle	Vero Beach, FL 32963
	REINSTATEMENT 2007.2008		

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 608.405, 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: _____ Date: 2/5/08 Daytime Phone # (772) 231-2616

Typed or printed name of signing Managing Member/Manager: John S. Miller