

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 MAR 20 AM 11:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008976

1. Limited Liability Company's Name  
KDS, LLC

2. Principal Office Address

569 Edgewood Ave., S.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

3. Mailing Office Address

569 Edgewood Ave., S.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

07/24/2000

6. FEI Number

☒ 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

D. W. McArthur, III

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

569 Edgewood Ave., S.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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

REGISTERED AGENT MUST SIGN

Date

3/5/03

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
MGR	D. W. McArthur, III	569 Edgewood Ave., S.	Jacksonville, FL 32205

REINSTATEMENT

2001-03

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

Date 3/5/2003

Daytime Phone # 904-388-3561

Typed or printed name of signing Managing Member/Manager

D. W. McArthur, III

CR2E041 (10/02)