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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

03 APR -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000010092

1. Limited Liability Company's Name
KnetT LLC

2. Principal Office Address	3. Mailing Office Address
510 NW 17th Street	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State
Zip: 33060 Country: United States	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08-17-2000

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: Terrence Scott

Street Address (P.O. Box Number is Not Acceptable): 510 NW 17 Street

Suite, Apt. #, Etc.:

City: Pompano Beach, FL State: FL Zip Code: 33060

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: Terrence Scott Date: 3/24/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Kevin T. McDougal	632 NW 21 Court	Pompano Beach, FL 33060
			2001-2003
		REINSTATEMENT	
			JB

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: Terrence Scott Date: 3/24/03 Daytime Phone #: 954-805-5198

Typed or printed name of signing Managing Member/Manager: Terrance U. Scott