

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 13 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000000356

1. Limited Liability Company's Name

KSI COMPANY, L.L.C.

MJH

2. Principal Office Address

2808 P.G.A. Blvd

3. Mailing Office Address

2808 P.G.A. Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

NAVARRE, FL

Zip

32566

Country

U.S.A.

Zip

32566

Country

U.S.A.

4. State/Country of Formation:

FLORIDA U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

01/04/2001

6. FCI Number

59-3696999

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

KARBASSI

MEHDI

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

2808 P.G.A. Blvd

Suite, Apt. #, Etc.

City

NAVARRE, FL

State

FL

Zip Code

32566

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

KARBASSI

REGISTERED AGENT MUST SIGN

Date JAN 11 / 2003

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	Karbassi, Mehdi	2808 PGA Blvd,	Navarre, FL 32566
Mgrm	AMTV LLC	8671 Wilshire Blvd, #509	Beverly Hills, CA 90211
			7000882-8717
			11/06/02 01063 011

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 608.408, 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

KARBASSI

Date JAN 11 / 2003 Daytime Phone # (850) 939-0021

Typed or printed name of signing Managing Member/Manager