

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 22 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000000876

1. Limited Liability Company's Name

Kennedy Investments, LLC

10004292644 1
11/22/04--01044--020 **150.00

2. Principal Office Address

2910 W. Bay to Bay Blvd.

Suite, Apt. #, etc.

200

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

2910 W. Bay to Bay Blvd.

Suite, Apt. #, etc.

200

City & State

Tampa, FL

Zip

33629

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

1-17-01

6. FEI Number

59-3694713

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

Joseph A. Kennedy

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

2910 W. Bay to Bay Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Tampa

State

FL

Zip Code

33629

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 November 1, 2004

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
MEM	Joseph A. Kennedy	2910 W. Bay to Bay Blvd.	Tampa, FL 33629
MEM	David A. Kennedy	2910 W. Bay to Bay Blvd.	Tampa, FL 33629

REINSTATEMENT 04

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 11/1/04

Daytime Phone # (813) 221-7525

Typed or printed name of signing Managing Member/Manager Joseph A. Kennedy