

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



DOCUMENT # L01000001104

1. Limited Liability Company's Name

KIND DAVID DEVELOPMENT, LLC

FILED
02 NOV -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008834498
11/06/02--01114--007 **155.00

2. Principal Office Address 900 North Federal Highway Suite, Apt. #, etc. Suite 410 City & State Boca Raton, FL Zip 33432 Country USA		3. Mailing Office Address 900 North Federal Highway Suite, Apt. #, etc. Suite 410 City & State Boca Raton, FL Zip 33432 Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/22/2001	
6. FEI Number 65-1070888	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Michael M. Wallack, Esq.
Street Address (P.O. Box Number is Not Acceptable)
27 Fletcher Avenue
Suite, Apt. #, Etc.
City
Sarasota

State
FL
Zip Code
34237

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 4, 2002

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
Mgr	Leonard Gross	900 N. Federal Highway, Suite 410	Boca Raton, FL 33432
Mgr	Ashley Bloom	900 N. Federal Highway, Suite 410	Boca Raton, FL 33432
Mgr	Joel A. Stone	630 Dundee Road, Suite 220	Northbrook, IL 60062
Mgr	Michael L. Stone	630 Dundee Road, Suite 220	Northbrook, IL 60062

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
11/5/2002

Daytime Phone #
561 237 0762

Typed or printed name of signing Managing Member/Manager
Ashley Bloom

CR2041 (9/01)