

L01000001290

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 15 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001290

1. Limited Liability Company's Name

KMC Group, LLC

2. Principal Office Address

1496 Pine Street

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 5010

Suite, Apt. #, etc.

City & State

Niceville, Florida

City & State

Niceville, Florida

Zip

32578

Country

USA

Zip

32578

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/24/2001

6. FEI Number

59-3701267

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

Allen Ray McGinnis

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

1496 Pine Street

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

Allen Ray McGinnis

REGISTERED AGENT MUST SIGN

Date 7/7/03

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
MM	Allen Ray-McGinnis	1496 Pine Street	Niceville, Florida 32578
MM	Christo W. Koulisis, MD	1496 Pine Street	Niceville, Florida 32578
MM	Alfred Cardet, MD	1496 Pine Street	Niceville, Florida 32578

REINSTATEMENT

2002-2003

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

Allen Ray McGinnis

Date

7/7/03

Daytime Phone #

850-897-4004

Typed or printed name of signing Managing Member/Manager

Allen Ray McGinnis, Managing Member

CR2E041 (10/02)