10/21/2003 TUE 11:12 FAX 239 334 4100 Henderson Franklin et al 002/002

APPROVED AND FILED

03 OCT 21 AM 11:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

L01000001322

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000001322

1. Limited Liability Company's Name
KFI, LLC

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
2 University Plaza	c/o Denis H. Noah
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc. P.O. Box 280
City & State Hackensack, NJ	City & State Fort Myers, FL
Zip 07601 Country USA	Zip 33902-0280 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/25/2001

6. FEI Number: 16-1647184 ☐ 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: Denis H. Noah

Street Address (P.O. Box Number is Not Acceptable): 1715 Monroe Street

Suite, Apt. #, Etc.:

City: Fort Myers State: FL Zip Code: 33901

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: Denis H. Noah Date: 10/21/03
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	Kennedy Funding, Inc.	2 University Plaza, Suite 402	Hackensack, NJ 07601

JB 10-21-03

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: [signature] Date: 10/21/03 Daytime Phone #: 201 343 8500

Typed or printed name of signing Managing Member/Manager: Jeffrey Wolfer, President of Kennedy Funding, Inc., Managing Member

FAX AUDIT NO.: H03000300783 3

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

KFI, LLC

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