

L01000005375

APPROVED  
AND  
FORM FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 18 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005375

1. Limited Liability Company's Name

KMA GROUP LLC

REINSTATEMENT 1002

2. Principal Office Address 1985 NW 88 Ct Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33172 Country USA		3. Mailing Office Address 1985 NW 88 Ct Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33172 Country USA	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida APRIL 6, 2001	
6. FEI Number 65-1089958	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 PEDRO L. CAMPO		
Street Address (P.O. Box Number is Not Acceptable) 9340 SW 25 St		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33165

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 Pedro Campo Date 12/12/02

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	Monica M. Sanchez	c11 94 <sup>th</sup> + 18-33	BOGOTA - Colombia

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 Monica Sanchez Date 12/12/02 Daytime Phone # 305-599-9111

Typed or printed name of signing Managing Member/Manager MONICA M. SANCHEZ

CR2E041 (9/01)