

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:41

DOCUMENT # L01000006515

1. Limited Liability Company's Name

KNIGHT FAMILY INVESTMENTS, LLC

2. Principal Office Address

1395 BRICKELL AVENUE

Suite, Apt. #, etc.

15TH FLOOR

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

1395 BRICKELL AVENUE

Suite, Apt. #, etc.

15TH FLOOR

City & State

MIAMI, FL

Zip

33131

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/26/2001

6. FEI Number

65-1099013

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

KNIGHT, CHRISTOPHER E., ESQ.,

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

1395 BRICKELL AVENUE

Suite, Apt. #, Etc.

15TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

REINSTATEMENT

02-05

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

3-3-05

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	KNIGHT, CHRISTOPHER E.	1395 BRICKELL AVE., 15TH FLOOR	MIAMI, FL 33131

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

3-3-05

Daytime Phone #

305-789-9210

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER E. KNIGHT, AS MANAGER

CR3E041 (10/02)