PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAY 10 PM 3:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000008062

1. Limited Liability Company's Name

KVN, LLC

100035808661
05/10/04--01055--024 **205.00

2. Principal Office Address	3. Mailing Office Address
4545 MARIOTTI COURT	4545 MARIOTTI COURT
Suite, Apt. #, etc.: UNIT N	Suite, Apt. #, etc.: UNIT N
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34233 Country: USA	Zip: 34233 Country: USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 5/21/01

6. FEI Number: 20-1050849 ☐ 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: DANIEL L. PREWETT

Street Address (P.O. Box Number is Not Acceptable): 5777 BENEVA ROAD SOUTH

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34233

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: [signature] REGISTERED AGENT MUST SIGN Date: 5-4-04

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	Noel Speranza	4545 Mariotti Court	Sarasota, FL 34233

REINSTATEMENT 2003-04

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: 5/4/04 Daytime Phone #: 941-922-1843

Typed or printed name of signing Managing Member/Manager:

CR2E041 (10/02)