

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

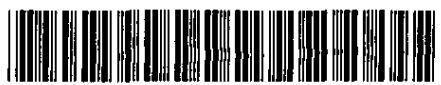
**L01000012332**

**FILED**  
**2003 JAN 22 PM 12:32**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

1. DOCUMENT # L01000012332  
Name and Mailing Address

0003620 01 FP 0.352 \*\*PRSR T1 0 0615 33327-235977  
KP INVESTMENTS LLC  
1877 ASPEN LN  
WESTON FL 33327-2359

300010434023  
01/22/03--01104--002 \*\*200.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1877 ASPEN LN WESTON FL 33327		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/23/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> SIFONTES, MANUEL SIFONTES PAUL & ASSOCIATES LLC 6600 NW 41ST TERR COCONUT CREEK FL 33073		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <b>9. Name and Address of New Registered Agent</b> Name: OTTO KROBOTH Street Address (P.O. Box Number is Not Acceptable): 1877 ASPEN LN City: Weston FL Zip Code: 33327	
<b>10. 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.</b> Signature of Registered Agent: <i>[Signature]</i> Date: 01/20/03 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KROBOTH, OTTO	1877 ASPEN LN	WESTON FL 33327
MGRM	KROBOTH, GAIL	1877 ASPEN LN	WESTON FL 33327

12. I certify that I am managing member/manager of 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: 1/20/03 Daytime Phone #: 305 595 2000

Typed or printed name of signing Managing Member/Manager