


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JAN 30 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # <u>L-01000012838</u>																													
1. Limited Liability Company's Name <u>KM-OF-MARGO ISLAND ENTERPRISES, LLC.</u>																													
2. Principal Office Address <u>8930 Bay Colony Dr</u> Suite, Apt. #, etc. <u>401</u> City & State <u>NAPLES, FL</u> Zip <u>34108</u> Country <u>US</u>		3. Mailing Office Address <u>SAME 8930 BAY COLONY DR</u> Suite, Apt. #, etc. <u>401</u> City & State <u>NAPLES, FL</u> Zip <u>34108</u> Country <u>34108</u>		4. State/Country of Formation																									
				5. Date Organized or Qualified To Do Business in Florida <u>AUG 1, 2001</u>																									
				6. FEI Number <u>59-3736885</u> 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 <u>KHALIL KHALIL</u> Street Address (P.O. Box Number is Not Acceptable) <u>8930 BAY COLONY DRIVE</u> Suite, Apt. #, Etc. <u>401</u> City <u>NAPLES</u> State <u>FL</u> Zip Code <u>34108</u>																													
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 <u>Khalil Khalil</u> Date <u>Jan 21, 04</u> REGISTERED AGENT MUST SIGN																													
10. Names and Street Addresses of Managing Members/Managers																													
<table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Member Manager</td><td>KHALIL KHALIL</td><td>8930 Bay Colony Dr 401</td><td>NAPLES FL 34108</td></tr><tr><td>Member Manager</td><td>FRANK HENDONEZ</td><td>5 JODILEEN</td><td>RANDOLPH, NJ 07869-3125</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Member Manager	KHALIL KHALIL	8930 Bay Colony Dr 401	NAPLES FL 34108	Member Manager	FRANK HENDONEZ	5 JODILEEN	RANDOLPH, NJ 07869-3125												
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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 <u>Khalil Khalil</u> Date <u>Jan 21, 04</u> Daytime Phone # <u>239 450 9083</u> Typed or printed name of signing Managing Member/Manager <u>KHALIL KHALIL</u>																													

CR2E041 (10/02)