PLEASE READ AL	L INSTRUCTIONS BE	EFORE COMPLET	ringthis fo	RM	
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTM Secretary of St DIVISION OF CORPO	tate		FILE. 16 JL 19 /	
i. Limited Liability Company Strattle	022754			Short of A	
KINJA PARTN	ERS, LLC	•	00	100001:071:	20
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	16 41 1/		CR2E041 (1/14)	.∗937.50 ————————————————————————————————————
Suite, Apt. #, etc.	4/68 DLD US 4/ N Suite, Apt. #, etc.		State/Country of Formation State/Country of Formation State Organized or Qualified To Do Business in Florida 12/2/0/		
City & State VALDOSTA . EA Zip Country	City & State VHLDVSTA, GA Zip Country		6. FEI Number	0593729	Applied For Not Applicable
3/602 USH	31602	USA	7. CERTIFICATE OF ST	S5.00 Addition of a certific	onal Fee required ate of status
Name	of Current Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) Suite			.]		
601 W. Gulf Beach Dr.					
St. George Is., Fl.	Sta	/ '			
9. I, being appointed the registered agent of the above Signature of Registered Agent	re named limited liability compa	ny, amfamiliar with and acc	cept the obligations o	f Chapter 605, F.S. Date 2/1/4/16	•
10. Names and Street Addresses of Authorized Represe	ntatives/Managers				1,0448
Titles Name of Authorized Representatives/		Street Address of Each Authorized Representative/ Manager		City / State / Zip	
MERM W. WAYNE FX	11/N 4168	DLD 45 4,	/ N	VALDOSTA, G	A 3/602
REINSTA	FEMENT	EMENT		JUL 1 9 2016	
				R. HUN	
11, E-mail Address: waynegann	a bellsouth	h-101	nai		
12. I certify that I am an authorized representative/ m certify that when filing this reinstatement application t 605.0012, F.S., and that all fees owed by the limited shall have the same legal effect as if made under out felony as provided for in s. 817.155, F.S. Signature of authorized representative/member	anager or the receiver or trust he reason for dissolution has l liability company have been pa h. I am aware that false inform	been eliminated, the limite aid. The information indica nation submitted in a docur	this application as post liability company reted on this application ment to the Departm	name satisfies the requirement on is true and my	of section r signature degree