

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -5 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000002406

1. Limited Liability Company's Name

KMDM, LLC

2. Principal Office Address

4439 Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242

Country

Sarasota

Zip

Sarasota

Country

Sarasota

4. State/Country of Formation

FL/Sarasota

5. Date Organized or Qualified
To Do Business in Florida

1/31/2002

6. FEI Number

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

~~Kathleen M. Hogue~~ Kathleen M. Hogue

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

4439 Ocean Blvd

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34242

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

Kathleen M. Hogue

REGISTERED AGENT MUST SIGN

Date

7-26-04

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
Mr	Daniel Hogue	4439 Ocean Blvd.	Sarasota, FL 34242
Sec mgr	Kathleen Hogue	4439 Ocean Blvd.	Sarasota, FL 34242

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

Daniel Hogue

Date

7-26-04

Daytime Phone #

941-266-6675

Typed or printed name of signing Managing Member/Manager

Daniel Hogue

CR2041 (10/02)