

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013884

1. Limited Liability Company's Name

KL Financial Group Florida, LLC

2. Principal Office Address

631 US Highway One

Suite, Apt. #, etc.

~~Suite 307~~

City & State

North Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

631 US Highway One

Suite, Apt. #, etc.

~~Suite 307~~

City & State

North Palm Beach, FL

Zip

33408

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 6, 2002

6. FEI Number

54-2073982

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

Pineiro, Wortman & Byrd, PA

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

7108 Fairway Drive

Suite, Apt. #, Etc.

Suite 225

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

REGISTERED AGENT MUST SIGN

Date

10/13/03

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
Mgr.	John Kim	631 US Highway One, Ste. 307	North Palm Beach, FL 33408
Mbr.	Won Lee	631 US Highway One, Ste. 307	North Palm Beach, FL 33408

REINSTATEMENT

03

dec

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager