

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 # L02000013887

1. Limited Liability Company's Name

KM 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

54-2073979

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 |
| | | | |
| | | | |
| | | | |
| | | | |

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

CR2E041 (10/02)