


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300.00
9-26-03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 8:43

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000017036

1. Limited Liability Company's Name
KV, LLC

2. Principal Office Address 2900 NW 165 STREET		3. Mailing Office Address PO BOX 638	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CITRA, FL		City & State ORANGE LAKE, FL	
Zip 32113	Country	Zip 32681	Country

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA/MARION COUNTY

5. Date Organized or Qualified To Do Business in Florida **07/08/2002**

6. FFL Number **NONE** 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
JANET VERVILLE

Street Address (P.O. Box Number is Not Acceptable)
2900 NW 165 STREET

Suite, Apt. #, Etc.

City
CITRA

State
FL

Zip Code
32113

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 *Janet Verville* Date 2/27/06

REGISTERED AGENT MUST SIGN

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
MANAGER	KIMBERLY VERVILLE	2900 NW 165 STREET	CITRA, FL, 32113
			300069960183 04/10/06--01061--022 **300.00
			REINSTATEMENT 03-06
			300069960183 04/10/06--01061--023 **5.00

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 *Kimberly Verville* Date 2/27/06 Daytime Phone # (852) 351-2222

Typed or printed name of signing Managing Member/Manager Kimberly Verville