

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300.00
9-26-03

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:43

DOCUMENT # L02000017036

1. Limited Liability Company's Name
KV, LLC

CR2E041 (8/05)

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

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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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