

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019650

1. Limited Liability Company's Name

Kalume Concepts, LLC

300023832113

10/15/03--01086--001--**155.00

2. Principal Office Address

5737 Windrift Lane

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 811026

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33481

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/2/02

6. FEI Number

04-3705926

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

Jeffrey Fischer

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

5737 Windrift Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Jeff Fischer

Date

10/9/03

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
MGR	Jeff Fischer	5737 Windrift Lane Boca Raton, FL 33433	Boca Raton, FL 33433

REINSTATEMENT

03 aus
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

Jeff Fischer

Date

10/9/03

Daytime Phone #

561-756-5969

Typed or printed name of signing Managing Member/Manager

Jeffrey Fischer

CR2E041 (10/02)