PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMLED SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE FLORIDA DEPARTMENT OF STATE				
С	ED LIABILITY * OMPANY STATEMENT	FLORIDA DEPARTME Secretary of S DIVISION OF CORPO	State	OL MAR 23 PM 3: 17
DOCUMENT # LO20000 20808 1. Limited Liability Company's Name				
Kem Hadings, LLC				
				000031279330 03/26/0401075013 **\$0.00
400	NW 355+	3. Mailing Office Address SOUN SW Suite, Apt. #, etc.	55H	4. State/Country of Formation
		<u> </u>		5. Date Organized or Qualified 81302 To Do Business in Florida
COICU	goringo FIA	Citya stata Sprin	Ø FIA	6. FEI Number Applied For Not Applied hor
2306 3306	5 USA	Zip SOUS Cour	USA	CERTIFICATE OF STATUS DESIRED
		8. Name and Address	-	•
	Name William	Lelvin Tillmai	7	12000 09/92/04 01019 003 0000964019990
	Street Address (P.O. Box Numb 300 A	er is Not Acceptable)		03/32/04 01013 003
	Suite, Apt. #, Etc.			(20 C)
	city Apral 50	rinas		State Zip Code
9. I, being a Signature of Registered A	1-246	ne aboye named (roiled liability company, REGISTERED AGENT MUST SIGN	, am familiar with and a	accept the obligations of Chapter 608, F.S. Date
10. Names and Street Addresses of Managing Members/Managers				
Titles	Name of Managing Members/N	Managers Mar	Street Address of Each naging Member/Mana	ager City / State / Zip
mgr	William Ke	dvin Tellman	8304 N	W385+ Coral Springs A
wis	MatthewCl	-upton P.A. Gl	024 (Tha	ileest Laleworth, Fith 33467
_	*			13THENT 03-04
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 filling 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 Manager Date Date Daytime Phone# 45(978-977)				
Typed or printed name of signing Managing Member/Manager William With Con Tilluran				