

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022180

1. Limited Liability Company's Name

Klutho Partners, L.L.C

2. Principal Office Address

118 W. Adams Street

Suite, Apt. #, etc.

Suite 700

City & State

Jacksonville, FL

Zip

32202

Country

Duval

3. Mailing Office Address

118 W. Adams Street

Suite, Apt. #, etc.

Suite 700

City & State

Jacksonville, FL

Zip

32202

Country

Duval

4. State/Country of Formation

FL, Duval

**5. Date Organized or Qualified
To Do Business in Florida**

8/27/02

6. FEI Number

☒ 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

Michael Langton

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

118 W. Adams Street, Suite 700

Suite, Apt. #, Etc.

Jacksonville, FL 32202

City

State

FL

Zip Code

300038544643
07/07/04--01076--006 **200.00

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

Date

6/22/09

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
MGRM	LB Jax Development, LLC	118 W. Adams St., Suite 700	32202 Jacksonville, FL
MGRM	Southcoast Partners, Inc.	99 SE Mizner Blvd	Boca Raton, FL 33432

REINSTATEMENT

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

6/22/09

Daytime Phone #

904-598-1368

Typed or printed name of signing Managing Member/Manager

Michael Langton