

04/15/2006 1:30 PM 305 201 FOWLER, WHITE, BURNETT, ET AL PAGE 1/02
Division of Corporations 1 of 1

L02000022554

Florida Department of State
Division of Corporations
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((H04000080441 3)))

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

LIMITED LIABILITY REINSTATEMENT

KLYMAX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00


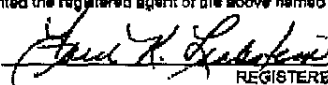
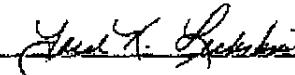
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000022554			
1. Limited Liability Company's Name KLYMAX, LLC			
2. Principal Office Address 100 S.E. SECOND STREET		3. Mailing Office Address 100 S.E. SECOND STREET	
Suite, Apt. #, etc. 17TH FLOOR		Suite, Apt. #, etc. 17TH FLOOR	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country	Zip 33131	Country
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 08/30/2002	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name FRED K. LICKSTEIN, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. SECOND STREET			
Suite, Apt. #, Etc. 17TH FLOOR			
City MIAMI		State FL	Zip Code 33131
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 4/15/04	
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	LICKSTEIN, FRED K.	100 S.E. SECOND ST., 17 FLOOR	MIAMI, FL 33131
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 4/15/04	Daytime Phone # 305-789-9200
Typed or printed name of signing Managing Member/Manager FRED K. LICKSTEIN, MANAGER			

CR2E41 (10/02)