L02000023305

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From:
Account Name : PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P
Account Number : I20020000070
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LIMITED LIABILITY REINSTATEMENT

KAT DEVELOPMENT LLC

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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WL 08/04/04

DOCUMENT # L02000023305

1. Limited Liability Company's Name
KAT Development LLC

2. Principal Office Address	3. Mailing Office Address
15800 Glenisle Way	(Same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers, FLA	City & State
Zip: 33912 Country: USA	Zip Country

4. State/Country of Formation: Fla. / USA
5. Date Organized or Qualified To Do Business in Florida: 9-6-02
6. FEI Number: 32-0029941 ☐ 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: Frank A. Pavese, Jr. Esq.
Street Address (P.O. Box Number is Not Acceptable): 4635 S. Del Prado Blvd.
Suite, Apt. #, Etc.:
City: Cape Coral State: FL Zip Code: 33910

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: Frank Pavese Jr. Date: 8/3/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/03)

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	Michael Trombley	15800 Glenisle Way	Ft. Myers, FLA 33912
MGRM	Barbara Trombley	Same	
		REINSTATEMENT	2003-2004

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 608.408, 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: Michael Trombley Date: 8-3-04 Daytime Phone #: 239-561-2581

Typed or printed name of signing Managing Member/Manager: Michael Trombley