


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 5:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500027092235  
01/16/04-21027--005 \*\*200.00  
BKC

DOCUMENT # L020000024141

1. Limited Liability Company's Name  
KLAC LLC

9/26/03

2. Principal Office Address <u>12011 Blue Star Ct</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>12011 Blue Star Ct</u> Suite, Apt. #, etc.	
City & State <u>Jacksonville FL</u>		City & State <u>Jacksonville FL</u>	
Zip <u>32246</u>	Country <u>U.S.</u>	Zip <u>32246</u>	Country <u>U.S.</u>

4. State/Country of Formation <u>FL U.S.A.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/17/2002</u>	
6. FEI Number	Applied For 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  
Everett Reed

Street Address (P.O. Box Number is Not Acceptable)  
12011 Blue Star Ct.

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32246

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 [Signature] Date 1/08/04

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
<u>Mg.</u>	<u>Everett Reed</u>	<u>12011 Blue Star Ct.</u>	<u>Jacksonville, FL 32246</u>

**REINSTATEMENT 2003-2004**

BKC

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 [Signature] Date 1/08/04 Daytime Phone # 904-343-6504

Typed or printed name of signing Managing Member/Manager Everett Reed

CR2E041 (10/02)