

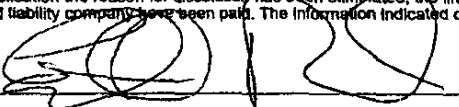


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>1-020000024141</u>				
1. Limited Liability Company's Name <u>KLAC LLC</u> 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 <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
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 <u>Everett Reed</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>12011 Blue Star Ct.</u>				
Suite, Apt. #, Etc.				
City <u>Jacksonville</u>		State <u>FL</u>	Zip Code <u>32246</u>	
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 <u>1/08/04</u>	
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	
Mg.	<u>Everett Reed</u>	<u>12011 Blue Star Ct.</u>	<u>Jacksonville, FL 32246</u>	
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 608.406, 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 <u>1/08/04</u>	
Typed or printed name of signing Managing Member/Manager <u>Everett Reed</u>			Daytime Phone # <u>904-343-6504</u>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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