

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 AUG 23 P 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028823

1. Limited Liability Company's Name

K & G Mobile Homes, LLC

2. Principal Office Address

1518 Stoeber Ave 5317 Fruitville Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite 173

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

Sarasota

Zip

34232

Country

Sarasota

4. State/Country of Formation

Florida/Sarasota

5. Date Organized or Qualified

To Do Business in Florida

Oct-29-02

6. FEI Number

83-0340583

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

Robert W. Browning, Jr. P.A.

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

1 North Tuttle Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

(34237)

400035555924

05/06/04--01020--016 \*\*\$50.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/28/04

**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	Ken Baum	10815 Winding Stream Way	Bradenton, FL 34212
MGRM	Gary Angel	1518 Stoeber Ave	Sarasota, FL 34232

REINSTATEMENT 03-04  
due

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

4-21-04

Daytime Phone #

941-266-1771

Typed or printed name of signing Managing Member/Manager

Gary D. Angel