

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 11 AM 8:35

DOCUMENT #

1. Limited Liability Company's Name

KDMO, LLC

L02000030668

REINSTATEMENT 03-05

2. Principal Office Address

7595 Vinca St

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Navarre FL

City & State

Zip

32566

Country

Santa Rosa

Zip

Country

4. State/Country of Formation

FL United States

5. Date Organized or Qualified
To Do Business in Florida

11-15-02

6. FEI Number

68-0531392

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 McLelland

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

7595 Vinca St.

Suite, Apt. #, Etc.

City

Navarre FL

State

FL

Zip Code

32566

100046851441

02/18/05--01010--010 **255.00

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

Frank McLelland

REGISTERED AGENT MUST SIGN

Date 02-10-05

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	Frank McLelland	7595 Vinca St	Navarre FL 32566
MGRM	Steve Kirkpatrick	720 Airport Drive	Lincoln, AL 35096
MGRM	Mike Dickert	720 Airport Drive	Lincoln, AL 35096
MGRM	John Osburn	7594 Vinca St	Navarre, AL 35096

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

Frank McLelland

Date 02-10-05

Daytime Phone # 850-259-6787

Typed or printed name of signing Managing Member/Manager

Frank McLelland

CR2E041 (10/02)