

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L02000032249

1. Limited Liability Company's Name

KONG MILLS CONCEPTS LLC

2. Principal Office Address - No P.O. Box #

4989 NORTH STATE RD 7

Suite, Apt. #, etc.

3. Mailing Office Address

4989 NORTH STATE

Suite, Apt. #, etc.

ROAD 7

City & State

TAMARAC

City & State

TAMARAC

Zip

33319

Country

USA

Zip

33319

Country

BROWARD

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/01/02

6. FEI Number

☒ 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

CHARLOT MCKINNEY

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

4989 NORTH STATE RD 7

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Charlotte McKinney

Date 3/13/07

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
MEMBER	CAROL SALMON	4989 NORTH STATE RD 7	TAMARAC FL 33319
MANAGER	FLAVIA CHRISTOPHER	4989 NORTH STATE RD 7	TAMARAC FL 33319

REINSTATEMENT

03-07

800094467508

03/22/07 01012 000 **250.00

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

Flavia Christopher

Date

3/13/07

Daytime Phone

(934) 593 6890

Typed or printed name of signing Managing Member/Manager

FLAVIA CHRISTOPHER

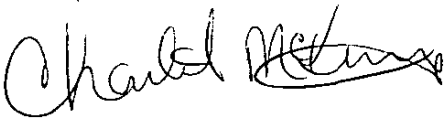
Kong Mills Concepts
4989 North State Road 7
Tamarac, FL 33319

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sirs,

Please find enclosed \$250.00 which represents reinstatement fees for the above company document # L02000032249. We ask however to waive the penalties since the correspondence to renew company from your office was never received by us. We had a change of address.

Thank You

A handwritten signature in black ink, appearing to read "Charles McKinnis". The signature is fluid and cursive, with a long horizontal stroke at the end.