

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000034374

Name and Mailing Address

0006904 01 AT 0.292 **AUTO T6 0 0615 33160-387543



KB HOMES SOUTH FL, L.L.C.
3843 NE 166TH STREET
MIAMI FL 33160-3875

900025264259
12/08/03 --01001--030 **150.00



MJM

2. New Mailing Address

18170 WEST DIXIE HWY

City, State, Zip

MIAMI, FL 33160

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/20/2002

Principal Place of Business

3843 NE 166TH STREET
MIAMI FL 33160

3. New Principal Place of Business Address

18170 WEST DIXIE HWY

City, State, Zip

MIAMI, FL 33160

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

BLOOMGARDEN, PAUL M
8551 W, SUNRISE BLVD., STE. 208
FT. LAUDERDALE FL 33322

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED

Date 12/1/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
pres	Alegre Berman	18170 West Dixie Hwy	MIAMI, FL 33160
vice pres	JAC BERMAN	18170 West Dixie Hwy	MIAMI, FL 33160
secretary	BRETT KRUPNICK	18170 West Dixie Hwy	MIAMI, FL 33160

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01/14/04--01012--002 **50.00

REINSTATEMENT 2003-2004

12. 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 REQUIRED

Date 12/1/03

Daytime Phone # 305 9925631

Typed or printed name of signing Managing Member/Manager

Alegre Berman