LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE ary of State corporations	- ~	FILED		
DOCUMENT # 10300005829 1. Limited Liability Company's Name K2 URBANCORP LLC				04 OCT 25 PH 2: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address 541 BLVARLY CT Suite, Apt. #, etc. City & State TALLAHAJSEE	3. Mailing Office Address 5		5. Date Organ To Do Bus	 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 25-1903266 Not Applicable 		
Zip 32301 Country	Zip	Country	7.	OF STATUS DESIRED COOL	Applicable	
	8. Name and	Address of Current Regis	itered Agent			
412 412 Suite, Apt. #, Etc. City TALLA HASSE 9. 1, being appointed the registered agent of the abord signature of Registered Agent Registered Agent R 10. Names and Street Addresses of Managing Me	E egistered Agent Mus		nd accept the obligat	State Zip Code FL >2.30/ ions of Chapter 608, F.S. Date 10/25/04		
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MERM DAVID B L	Unnscry 9	HILLERE RE	NSTAT	TALCAHASSEE E SMENI 04 DO42193820 0401082010 **150.0		
 i certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited lixbility company hav as if made under oath. Signature of Managing Member/Manager Typed or printed name of signing Managing Member 	r dissolution has been elin e been paid. The informat	ninated, the limited liability co ion indicated on this applicat	ompany name satisfie ion is true and accur	is the requirements of section 608.406. F.S.	., and that egal effect	

÷

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.