

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

08 MAR -3 AM 11:50

CR2E041 (12/07)

DOCUMENT # L030000006701

1. Limited Liability Company's Name

KDHW, LLC

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

10 Bay Esplanade

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33767

Country

USA

3. Mailing Office Address

10 Bay Esplanade

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33767

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

2/24/03

6. FEI Number

81-0599915

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

Stephen O. Cole Esq

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

625 COURT ST

Suite, Apt. #, Etc.

MacFarlane Ferguson & McCullen

City

CLW

State

FL

Zip Code

33756

☒ 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

Steph O Cole

REGISTERED AGENT MUST SIGN

Date

2/27/08

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
<u>MG</u>	<u>Ken Hamilton</u>	<u>200 Palm Island NW</u>	<u>CLW FL 33767</u>

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REINSTATEMENT
W/O 04-08 Let

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

Ken Hamilton

Date

2/27/08

Daytime Phone #

727 442 4312

Typed or printed name of signing Managing Member/Manager

Ken Hamilton