

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000016957		
1. Entity Name KOKOMO, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR -1 PM 3:40

Principal Place of Business 5896 SHAWNEE DRIVE LAKE WORTH, FL 33464	Mailing Address 5896 SHAWNEE DRIVE LAKE WORTH, FL 33464
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03062008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HINDEN, JON A ESQ 4430 SOUTHWEST 64TH AVENUE DAVIE, FL 33314		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Hinden* DATE 3/10/08

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MITCHELL, JOHN C LANTANA RD & MILITARY TRAIL LANTANA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHELL, RUTH D LANTANA RD & MILITARY TRAIL LANTANA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD mitchell, Ruth M. Lantana Rd & Military Trail Lantana FL 33463 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John C. Mitchell* DATE 3/13/08 561-965-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE