

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

09 JUN 11 AM 9:59

DOCUMENT # L03000018645

1. Limited Liability Company's Name

KDW, LLC

100156334551
05/25/09--01001--022 **793.75
CR2E041 (10/08)

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

501 VILABELLA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

501 VILABELLA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

5/23/2003

6. FEI Number

EIN 55-0832928

☐ 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

KIMBALL WOODBURY

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

501 VILABELLA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

☐ 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

Kimball Woodbury

Date 5-19-09

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
<u>MANAGER</u>	<u>KIMBALL D. WOODBURY</u>	<u>501 VILABELLA AVE</u>	<u>CORAL GABLES, FL 33146</u>

100156334551
06/12/09--01002--008 **139.75

REINSTATEMENT 2004-2009

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

Kimball D Woodbury

Date 5-19-09

Daytime Phone # 305-588-1431

Typed or printed name of signing Managing Member/Manager

KIMBALL D. WOODBURY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 28, 2009

KDW, LLC
501 VILABELLA AVE
CORAL GABLES, FL 33146

SUBJECT: KDW, LLC
Ref. Number: L03000018645

We have received your document for KDW, LLC and check(s) totaling \$793.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 709A00018016