

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00
9-16-05

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:23

DOCUMENT #

L030000 27882

1. Limited Liability Company's Name

KC ORLANDO OP, LLC

2. Principal Office Address

1215 S.E. 2 Avenue

Suite, Apt. #, etc.

201

City & State

FT. LAUDERDALE

Zip

33316

Country

USA

3. Mailing Office Address

1215 S.E. 2 AVE.

Suite, Apt. #, etc.

201

City & State

FT. LAUDERDALE

Zip

33316

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

AUG. 1, 2003

6. FEI Number

20-0118261

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

KEVIN M. COFFEY

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

1215 S.E. 2 AVENUE

Suite, Apt. #, Etc.

201

City

FORT LAUDERDALE

State

FL

Zip Code

33316

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

Date 8-16-06

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
MGRM	KEVIN M. COFFEY	1215 SE. 2 AVE, STE-201	FT. LAUDERDALE, FL 33316
			100079726971 09/12/06--01058--017 **150.00
			100079726971 09/12/06--01058--018 **50.00
			REINSTATEMENT 05-06

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

Date 8-16-06

Daytime Phone #

954 525 9695

Typed or printed name of signing Managing Member/Manager

KEVIN M. COFFEY