2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 NOV 15 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000029915

1. Entity Name
MKM FAMILY, L.L.C.

Principal Place of Business	Mailing Address
2701 RIVERSIDE DRIVE APT B-304 CORAL SPRINGS, FL 33065	2701 RIVERSIDE DRIVE APT B-304 CORAL SPRINGS, FL 33065

11232004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
411 S. FEDERAL HWY.	411 S. FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH, FL
Zip: 33435 Country: USA	Zip: 33435 Country: USA

4. FEI Number 74-3103736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, KATHLEEN 409 FOXTAIL DRIVE- APT. A1 GREENACRES, FL 33415	Name: MICHAEL GONZALEZ Street Address (P.O. Box Number is Not Acceptable): 411 S. FEDERAL HWY City: BOYNTON BEACH FL Zip Code: 33435

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: [signature] MICHAEL GONZALEZ 11/21/04
Signature of registered agent or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GONZALEZ, KATHLEEN 409 FOXTAIL DRIVE, APT. A-1 GREENACRES, FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MICHAEL GONZALEZ 411 S. FEDERAL HWY BOYNTON BEACH, FL 33435	☐ 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	11/15/04--01017--019--$150.00	☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] MICHAEL GONZALEZ 11/21/04 954-415-9187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #