PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 8. Name and Address of Current Registered Agent Name Kimber N K Cuillo Street Address (P.O. Box Number's Not Acceptable) IIS US Highway ONE Suite, Apt. #, Etc. City North Palm Beach 9. I, being appointed the registered agent of the above registed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip Code FL 33408 Oate 10 125 / 06 | LIMITED LIABILITY COMPANY REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 31 PM 4: 42 | |
|--|--|---|---|--|
| 2. Principal Office Address Sute, Apt. 8, etc. Sute, Apt. 8, etc. | 1. Limited Liability Company's Name K.C. Designs, LLC | | | |
| Sulto, Apt. 8, etc. Sulto, Ap | | | CR2E041 (8/05) | |
| City & State NOrTH Palm Beach, FL In North Boll OSO 72 8 In North Address (F. C. Box Number's Not Acceptable) Street Address (F. C. Box Number's Not Acceptable) Suite, Agt. #, Etc. In Palm Beach In Beach I | 115 US Highway one | 115 US Highway One | Florida USA | |
| South Sout | City & State | City & Shale | | |
| 33408 USA 33408 USA 33408 USA 7-CERTIFICATE OF STATUS DESIRED 5509 Additional for treatment for a Confliction of Shifts for a Confliction of Shifts Fig. 1000 Street Address (P.O. Box Number's Na Acceptable) 115 US Highway ONE 116 Signature of Registered Agent FL 33408 9. I. being appointed the registered agent of the above adject limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers 116s Managing Members/Managers 116s Managing Members/Managers 117c Managing Members/Managers 118c Name of Managing Members/Managers 119c With State 1 am managing members/manager or the receiver or trustee empowered to excelle this application as provided for in chapter 908, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eleminated, the limited liability company name satisfies the regarments of section 608 468, F.S. and that all feets 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 in made under cell. Signature of Managing Member/Manager Date Managing Member/Manager Date Managing Member/Manager Date Managing Member/Manager Date Managing Member/Manager The State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Courill On State Address of Current Registered Agent The Co | | | 6. FEI Number Applied For | |
| 8. Name and Address of Current Registered Agent Kim berly K Cuillo Street Address (P.O. Box Number's Not Acceptable) 115 US Highway ONE State Zip Code FL 33408 9. 1. being appointed the registered agent of the above adheed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Address of Each Managing Members Managers Titles Managing Members Managers Street Address of Each Managing Members Manager City / State / Zip Name of City / State / Zip N | ا مما | ' ' | 7. S5.00 Additional Fee required | |
| Street Address (P.O. Box Number's Not Acceptable) Sulte, Apt. #, Etc. City North Palm Beach Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Addresses of Managing Members/Managers Titles Managing Members/Managers Managing Members/Managers Titles Resistered Addresses of Managing Members/Managers Titles Managing Members/Managers Resistered Addresses of Managing Members/Managers Resistered Addresses of Each Managing Members/Managers Resistered Addresses of Managing Members/Managers Name of Resistered Addresses of Managing Members/Managers Resistered Addresses of Managing Members/Managers Name of Resistered Addresses of Managing Members/Managers Resistered Addresses of Managing Members/Managers Name of Resistered Addresses of Managing Members/Managers Name | | | | |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Manager DP Kimber N K Cuillo IIS US Highway One N Palm Beach FL / 32468 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when tiling 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 promation 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 10 25 1046 Daytime Phone 9 (561) 840 - 0611 | Kimberly K Cuillo Street Address (P.O. Box Number's Not Acceptable) 115 US Highway One Sulte, Apt. #, Etc. City State Zin Code | | | |
| Titles Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip DP Kimber N K Cuillo IIS US Highway One N Palm Beach FL / 33468 REINSTATEMENT 2005-06 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 filling 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 Imade under oath. Signature of Managing Member/Manager Date 10/25/1040 Daytime Phone # (54e) 840 - Coell | Signature of Registered Agent | | | |
| Managing Members/ Managers Managing Member/ Manager N Palm Beach / FL / 334/68 N Palm Beach / FL / 334/68 REINSTATEMEN 2005-06 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when filling 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 promation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Manager Member/Manager Date 10/25/06 Daytime Phone # (561) 840 -0611 | 10. Names and Street Addresses of Managing Members/Managers | | | |
| REINSTALEMENT 2005-DC 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 reinstaltement 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 promation 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 1025/040 Daytime Phone # (541) 840-C611 | | | | |
| 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 filling 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 10/25/06 Daytime Phone# (561) 840 - 0611 | DP Kimberly K Cuill | o 115 US Highway | ONE N Palm Beach/FL/32408 | |
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| typed or printed name of signing managing member/manager NIVIDEVIX | | | | |