

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 11 PM 4:25

SECRETARY OF STATE  
TAULAHASSEE, FLORIDA  
08/13/09--01002--001 438.75

000159014730  
07/29/09--01034--005 \*\*282.50  
CR2E041 (10/08)

DOCUMENT # L040000013618  
1. Limited Liability Company's Name  
KDW MANUFACTURING LLC

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

8999 US 19

Suite, Apt. #, etc.

City & State

Perry FLA

Zip

32348

Country

USA

3. Mailing Office Address

8999 US 19

Suite, Apt. #, etc.

City & State

Perry FLA

Zip

32348

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 2004

6. FEI Number

20-0678675

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

Kristopher WARD

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

8999 US 19.

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

☒ 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

KGth W

REGISTERED AGENT MUST SIGN

Date 7/24/09

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>MGRM</u>	<u>Kristopher WARD</u>	<u>8999 US 19.</u>	<u>Perry FL. 32348</u>

**REINSTATEMENT 07-09**

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

MGRM KGth W

Date 7/24/09

Daytime Phone # 850-838-6202

Typed or printed name of signing Managing Member/Manager

Kristopher WARD