L04000034727

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 16 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400062259614

CR2E041 (8/05)

DOCUMENT # L04000034727

1. Limited Liability Company's Name
KAZFOUR INVESTMENT GROUP, LLC

2. Principal Office Address	3. Mailing Office Address
180 Sea Hammock Way	P.O. Box 1153
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach FL	City & State: Ponte Vedra Beach FL
Zip: 32082 Country: U.S.	Zip: 32004 Country: U.S.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/06/2004

6. FEI Number: 13-4280557 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Laura R. Dunlap Laura R. Dunlap as its agent Date: 12/16/05

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	Nicholas T. Cassala	180 Sea Hammock Way	Ponte Vedra Beach FL 32082
MGRM	R. Gail Cassala	180 Sea Hammock Way	Ponte Vedra Beach FL 32082
MGRM	Jacqueline N. Cassala	180 Sea Hammock Way	Ponte Vedra Beach FL 32082
		REINSTATEMENT 2005	

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: [signature] Date: 12-14-05 Daytime Phone #: 904 338-7548

Typed or printed name of signing Managing Member/Manager: Nicholas T. Cassala

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 758867 7433703

AUTHORIZATION :

COST LIMIT : $ 150.00

FILED
05 DEC 16 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 15, 2005

ORDER TIME : 10:18 AM

ORDER NO. : 758867-010

CUSTOMER NO: 7433703

FILED
05 DEC 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: KAZFOUR INVESTMENT GROUP, LLC

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XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____