

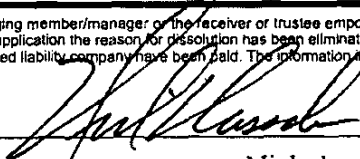


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000034727			
1. Limited Liability Company's Name KAZFOUR INVESTMENT GROUP, LLC 07			
2. Principal Office Address - No P.O. Box # 136 ClearLake Drive Suite, Apt. #, etc.		3. Mailing Office Address 136 ClearLake Drive Suite, Apt. #, etc.	
City & State Ponte Vedra Bch, FL Zip 32082		City & State Ponte Vedra Bch, FL Zip 32082	
Country United States		Country United States	
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 5/6/2004			
6. FEI Number 13-4320557			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 		Amanda Roath As its agent Date 09.19.08	
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
N6RM	Cassala, Nicholas T.	136 ClearLake Drive	Ponte Vedra Bch, FL 32082
H6RM	Cassala, R. Gail	136 ClearLake Drive	Ponte Vedra Bch, FL 32082
H6RM	Cassala, Jacqueline N.	136 ClearLake Drive	Ponte Vedra Bch, FL 32082
REINSTATEMENT 2007-2008			
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 09-17-08 Daytime Phone # 904 301-4349	
Typed or printed name of signing Managing Member/Manager Nicholas T. Cassala			



CORPORATION SERVICE COMPANY

L04000034727

ACCOUNT NO. : 072100000032

REFERENCE : 728045 7433703

AUTHORIZATION :

COST LIMIT : \$ 277.50

ORDER DATE : September 18, 2008

ORDER TIME : 8:10 AM

ORDER NO. : 728045-005

CUSTOMER NO: 7433703

DOMESTIC FILINGS

NAME: KAZFOUR INVESTMENT GROUP, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - Ext# 2955

EXAMINER'S INITIALS _____

RECEIVED
08 SEP 19 AM 10:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 SEP 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA