PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY							SECRETARY OF STATE DIVISION OF CORPORATIONS O7 APR 11 PM 4: 08			
DOCUMENT # L04000041646 1. Limited Liability Company's Name KIRKPATRICK, LLC							400096461634 04/11/0701009006 **145.00 03/28/0701020026 **105.00			
2. Principa 4041	al Office Addr	3. Mailing Office Address 4041 NW 37th Place				CR2E041 (1/07)				
Suite, Apt. / Suite		Suite, Apt. #, etc. Suite B				FIORIDA/USA 5. Date Organized or Qualified				
City & State	esville,	City & State Gainesville, Flo			rida	6. FEI Number				
^{Zip} 3260	32606 USA		^{Zip} 32606		Coun		7.	TIFICATE OF STATUS DESIRED \$5.00 Additional Fee re for a Certificate of St.		
8. Name and Address of Current Regist Charles W. Littell, Esq. Street Address (P.O. Box Number is Not Acceptable) 4041 NW 37th Place Suite, Apt. #_Etc. Suite B Gainesville					State 32 ^{Zip} Code FL 32606			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 Date 4-5-07 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			ger	City / State / Zip		
MGRM	Ellen W. Kirkpatrick			P. O. Box K				Gainesville, Florida 32606		
ZINSTATEMENT AU										
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 Typed or printed name of signing Managing Member/Manager										

LAW OFFICES

Scruggs & Carmichael, P.A.

DOWNTOWN OFFICE:

ONE S.E. FIRST AVENUE 32601
POST OFFICE BOX 23109 32602
GAINESVILLE, FLORIDA
TELEPHONE (352) 376-5242
FAX (352) 375-0690

WEST OFFICE:
METROCORP CENTER
4041 N.W. 37th PLACE
SUITE B
GAINESVILLE, FLORIDA 32806
TELEPHONE (352) 374-4120
FAX (352) 378-9326

D REPLY DOWNTOWN

REPLY WEST OFFICE

April 5, 2007

SIGSBEE L. SCRUGGS 1898-1983

PARKS M. CARMICHAEL 1909-1994

WILLIAM D. PRIDGEON 1933-1980

MICHELLE VAUGHNS 1946-1982

WILLIAM N. LONG

<u>RETIRED</u>

RAY D. HELPLING

WILLIAM C. ANDREWS

JOHN F. ROSCOW III

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

JAMES G. LARCHE, JR.

STAN CUSHMAN‡

PHILIP A. DELANEY

JOHN G. STINSON

KAREN K. SPECIE

RAYMOND M. IVEY

KEVIN D. JURECKO

KIRSTIN J. STINSON

VIRGINIA E. CLAPP

ELIZABETH A. MARTIN

TCERTIFIED FAMILY MEDIATOR

JEFFREY R. DOLLINGER

JEFFERSON M. BRASWELL

KEVIN DALY

CHARLES W. LITTELL

MTZI COCKRELL AUSTINT

FRANK P. SAIER

Re: Limited Liability Company Reinstatement ("Kirkpatrick LLC")

To whom it may concern:

Enclosed please find the following:

- 1. Check #29939 in the amount of \$145.00 made payable to the Florida Department of State as and for your filing fees.
- 2. Limited Liability Company Reinstatement Form ("Kirkpatrick LLC").
- 3. Copy of Florida Department of State Division of Corporations letter dated March 29, 2007 with instructions for reinstatement process.

Please file the above in your ordinary course of business and call me with any questions.

Sincerely yours,

Kevin Daly

Signed in absence to avoid delay

Ush sever

KD/tjh Enclosures AS

cc: Ellen Kirkpatrick