

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 4:17

DOCUMENT # L0400006411492

1. Limited Liability Company's Name

KG-1 LLC

400129918614
05/21/08--01004--012 **416.25

CR2E041 (12/07)

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

10810 SE Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

10810 SE Dixie Hwy
Suite, Apt. #, etc.

City & State

Hobe Sound FL

Zip 33465

Country

US

City & State

Hobe Sound, FL

Zip 33465

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/22/04

6. FEI Number

033328320

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

Kathleen Gemme

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

10810 SE Dixie Hwy

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33465

☒ 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

REGISTERED AGENT MUST SIGN

Date

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>mgr</u>	<u>Kathleen Gemme</u>	<u>10360 SE Jupiter Narrows Dr</u>	<u>Hobe Sound FL 33469</u>

REINSTATEMENT

W/98

06-08

W/08

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

Kathleen Gemme

Date

05-15-08

Daytime Phone #

772 546-5483

Typed or printed name of signing Managing Member/Manager

Kathleen Gemme