PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAR 11 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # L04000061553

1. Limited Liability Company's Name
KCJ, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1205 LINCOLN RD	
Suite, Apt. #, etc. — 211	Suite, Apt. #, etc.
City & State MIAMI BEACH	City & State
Zip / Country 33139 / FL	Zip / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JOHNSON, KEVIN
Street Address (P.O. Box Number is Not Acceptable)
1205 LINCOLN RD
Suite, Apt. #, Etc.
— 211
City: MIAMI BEACH State: FL Zip Code: 33139

☐ 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 hereby accept the registered agent(s) of the above named limited liability company, and familiar with and accept the obligations of Chapter 605, F.S..

Signature of Registered Agent: Kevin Johnson Date: 4-29-08
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name(s) of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOHNSON, KEVIN	1205 LINCOLN RD SUITE #211	MIAMI BEACH, FL 33139

300144306208
02/24/09--01041--002 **138.75

05/05/08-01019-010-$655.00

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that while filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information stated 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: Kevin Johnson Date: 4-29-08 Daytime Phone #: (610)662-2554

Typed or printed name of signing Managing Member/Manager: Kevin C. Johnson

REINSTATEMENT 2005-2009