

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000061744

Entity Name: KINSEY HOLDINGS, LLC

FILED
Oct 13, 2005
Secretary of State

Current Principal Place of Business:

1524 6TH STREET
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1524 6TH STREET
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDING, GEORGE E
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRADSHAW P. KINSEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS. () Change (X) Addition
Name: KINSEY, CHRISTINE S
Address: 1524 6TH STREET
City-St-Zip: WST PALM BEACH, FL 33401

Title: MR. () Change (X) Addition
Name: KINSEY, BRADSHAW P
Address: 13 OAK TREE HOLLOW ROAD
City-St-Zip: WEST CHESTER, PA 19382

Title: MR. () Change (X) Addition
Name: KINSEY, BERNARD W
Address: 301 MT. HOLYOKE
City-St-Zip: PACIFIC PALISADES, CA 90272

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRADSHAW P. KINSEY

MR.

10/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date