

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 10 AM 10:15

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000062448

1. Limited Liability Company's Name
KGG, LLC

2. Principal Office Address 3630 North 53 Avenue Suite, Apt. #, etc.		3. Mailing Office Address 3630 North 53 Avenue Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33021	Country US	Zip 33021	Country US

4. State/Country of Formation FLORIDA US	
5. Date Organized or Qualified To Do Business in Florida 08/23/04	
6. FEI Number 203752730	Applied For 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 Alan Koslow	900061339549 11/10/05--01033--019 **150 00
Street Address (P.O. Box Number is Not Acceptable) 3630 North 53 Avenue	
Suite, Apt. #, Etc.	
City Hollywood	State FL
	Zip Code 33021

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: *Alan Koslow, Registered Agent* Date: 11-4-05

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	City / State / Zip
MGRM	Alan Koslow	3630 North 53 Avenue	Hollywood FL 33021

REINSTATEMENT 2005

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: *Alan Koslow, Managing Member* Date: 11-4-05 Daytime Phone #: 954-985-4169

Typed or printed name of signing Managing Member/Manager: Alan Koslow

CR2E041 (10/02)