

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

20-3752730

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

Alan Koslow

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
REGISTERED AGENT MUST SIGN

Date 11-4-05

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

CR20041 (10/02)