

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 24 PM 1:20

<b>DOCUMENT # L04000066104</b> 1. Entity Name <b>KMC GROUP/M&amp;Z DEVELOPMENT, LLC</b>					
Principal Place of Business <b>3105 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503</b>			Mailing Address <b>3105 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503</b>		
2. Principal Place of Business - No P.O. Box # <b>1496 PINE STREET</b>		3. Mailing Address <b>1496 PINE STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NICEVILLE, FL</b>		City & State <b>NICEVILLE, FL</b>		4. FEI Number <b>27-0105764</b>	
Zip <b>32578</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>M &amp; Z DEVELOPMENT, INC. C/O STEVEN SMITH 4300 BAYOU BOULEVARD PENSACOLA, FL 32503</b>			7. Name and Address of New Registered Agent Name <b>RICHARD M. COLBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4 LAGUNA STREET, SUITE 101</b> City <b>FORT WALTON BEACH</b> <b>FL</b> Zip Code <b>32548</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <span style="float: right;">7-15-2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$377.50</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KMC GROUP, LLC C/O ALLEN RAY MCGINNIS 1496 PINE STREET NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300133410593 07/24/08--01050--008 **377.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M & Z DEVELOPMENT, INC. C/O STEVEN SMITH 4300 BAYOU BOULEVARD, STE. 15 PENSACOLA, FL 32503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <b>Allen Ray McGinnis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			850-897-4004 7/21/08 <small>Date Daytime Phone #</small>		