

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 NOV -3 AM 8:01 SECRETARY OF STATE TALLAHASSEE FLORIDA 400161333874 10/05/09--01054--004 **277.50 CR2E041 (10/08)	
DOCUMENT # L04000068439					
1. Limited Liability Company's Name KINGS HIGHWAY VILLAGE, LLC W09-44715					
2. Principal Office Address - No P.O. Box # 1901 POT OAK PARK DR. Suite, Apt. #, etc. #7402 City & State HOUSTON TX Zip Country 77027 US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number EIN 561948225 ☐ 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 NANCY C. BANNER, P.A. Street - address (if P.O. box number is not acceptable) 500 VILLAGE SQ, XING, STE 108 Suite, Apt. #, Etc. City PALM BEACH GARDENS State FL Zip Code 33410				☒ 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, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>NCBanner</u> Date <u>10/28/09</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
	JEFFREY R. FREEDMAN	1901 POT OAK PARK DR.		HOUSTON TX	
	MGRM	#7402		77027	
				L. SELLERS	
				NOV -3 2009	
				REINSTATEMENT	
				EXAMINER	
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 when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.405, 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 <u>Jeffrey R. Freedman</u> Date <u>9/29/09</u> Daytime Phone # <u>561 676 6010</u> Typed or printed name of signing Managing Member/Manager <u>JEFFREY R. FREEDMAN</u>					

 DIV. of CORP.
 REINSTATEMENT SECTION
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 Paid LLC 10/09/09