

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

DOCUMENT # L05000030291



1. Entity Name
KLB II, LLC

Principal Place of Business
6029 CARLTON ROAD
JACKSONVILLE, FL 32244

Mailing Address
6029 CARLTON ROAD
JACKSONVILLE, FL 32244

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04272007 REIN-LLC CR2E101 (1/07)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number
09-0958521 Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Karel Ourednik Registered Agent**

(NOTE: Registered Agent signature required when reinstating)

DATE **6/9/07**

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kevin Bock 6029 Carlton Road Jacksonville, FL 32244	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 06/07		
04/11/06-90015-045-\$50.00		
200104254502 06/12/07-01008-012 **\$50.00		
4/30/07 (904) 771-0550		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kevin Bock

Date

Daytime Phone #