PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 23 PM 12:31

DOCUMENT # L-05000092716

1. Limited Liability Company's Name
KCSJDS/AIMEE, LLC

-1008-533330

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 Stillbrook Trail	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Same
City & State	City & State
Enterprise FL	Same
Zip / Country	Zip / Country
32725 / Volusia	Same

4. State/Country of Formation: Fla Volusia
5. Date Organized or Qualified To Do Business In Florida: 7/18/05
6. FEI Number: ☐ 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: John Daniel Sheffer
Street Address (P.O. Box Number is Not Acceptable): 201 Stillbrook Trail
Suite, Apt. #, Etc.:
City: Enterprise, FL. State: FL Zip Code: 32725

☐ 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 608, F.S.

Signature of Registered Agent: John Daniel Sheffer Date: Nov 19th 2008
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
Member	John Daniel Sheffer	Same	Same
			12/14/08--01045--012 **138.75
			500138234845
			11/24/08--01051--021 **250.75
			11/24/08--01051--022 **5.00

REINSTATEMENT 2007-08

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: John Daniel Sheffer Date: Nov 19th 2008 Daytime Phone #: 4012345189

Typed or printed name of signing Managing Member/Manager: John Daniel Sheffer