

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  COMPANY	2008 FEB 19 PM 1: 42
DOCUMENT # L0500074642  1. Limited Liability Company's Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
KLM HOLDINGS, LLC	300117825933 02/12/0801013017 **416.25
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address	CR2E041 (12/07)
9943 Sweetleaf St SAME	4. State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc.	FL / US A  5. Date Organized or Qualified
City & State City & State	To Do Business in Florida 7/25/05
Orlando, FL	6. FEI Number 84-169000 Applied For
Zip Country Zip Country	Not Applicable  55.00 Additional Fee required
32827 USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Name and Address of Current Registered Agent  Name	
Shawn McManus	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 9943 Sweetleaf 5t	receive the prior notices. By checking this
Suite, Apt. #, Etc.	box, you are certifying the prior notices were not received and requesting the \$100
City State Zip Code	reinstatement be waived.
Orlando FL 32827	
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 WC	Date 5 Feb 08
REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Managers	
MAM Shawn McManus 9943 Sweetled	of St Orlando, FL 32827
L. SELLERS	
L. GELLETIO	0.00
FEB <b>2 5 2008</b>	U US
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EXAMINER	
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 filling 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 — MCV Date 5Feb08 Daytime Phone # 210-391-3794	
Typed or printed name of signing Managing Member/Manager SHAWN MCMANUS	