


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

| | |
|---|---|
| DOCUMENT # L06000005128 1. Entity Name KMP REAL ESTATE HOLDINGS, LLC |  |
|---|---|

FILED

07 NOV -6 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 9834 S.W. 56TH TERRACE MIAMI, FL 33173 | Mailing Address 9834 S.W. 56TH TERRACE MIAMI, FL 33173 |
|--|--|



| | |
|--|---|
| 2. Principal Place of Business - No P.O. Box # c/o MANNY FIGUEROA CPA Suite, Apt. #, etc. 308 ALHAMBRA CIRCLE | 3. Mailing Address c/o MANNY FIGUEROA, CPA Suite, Apt. #, etc. 308 ALHAMBRA CIRCLE |
|--|---|

10052007 REIN-LLC CR2E101 (1/07)

| | |
|----------------------------------|----------------------------------|
| City & State CORAL GABLES, FL | City & State CORAL GABLES, FL |
|----------------------------------|----------------------------------|

| | |
|-----------------------------|--|
| 4. FEI Number 20-4139765 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | | | |
|-------------------|-------------------|-------------------|-------------------|
| Zip 33134-5004 | Country U.S.A. | Zip 33134-5004 | Country U.S.A. |
|-------------------|-------------------|-------------------|-------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent DELGADO, JOSE M 9834 S.W. 56TH TERRACE MIAMI, FL 33173 |
|---|

| |
|---|
| 7. Name and Address of New Registered Agent Name MANNY FIGUEROA, CPA Street Address (P.O. Box Number is Not Acceptable) 308 ALHAMBRA CIRCLE City CORAL GABLES FL Zip Code 33134-5004 |
|---|

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 *Manny Figueroa CPA* DATE 10/5/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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 | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELGADO, JOSE M. 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLEITES, JORGE 9220 SUNSET DRIVE, SUITE 102 MIAMI, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800110801288 10/10/07--01043--005 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

REINSTATEMENT

M

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: *Manny Figueroa CPA* MANNY FIGUEROA 10/5/07 (305) 446-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #