PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 1. Limited Liability Company's Name KIMBERLY CREEK, LLC 800161664178 10/13/09--01067--015 \*\*377.50 CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Malling Office Address 4064 Colony 4064 Colony 4. State/Country of Formation Date Organized or Qualified To Do Business in Florida 12-21-2006 City & State Applied For CHARWIE NO MARLOTTE Not Applicable \$5.00 Additional Fee required for a Certificate of Status 282 ( 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except 1)ean in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 205 box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. City State Zip Code ૨*૫૯*૯ above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Data Oct 12, 2009 Registered Agent 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip M6RM teISO CHARLOTTE NC 28211 S. HAWKES OCT 1 5 2009 **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 Typed or printed name of signing Managing Member/Manager

## KOHL & ASSOCIATES, P.L.C.

N. DEAN KOHL, JR. KAREN M. DOBBINS 2055 SOUTH KANNER HIGHWAY STUART, FEORIDA 34994 TELEPHONE 772-223-9999 FACSIMILE 772-223-9008

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OF COUNSEL
ROBERT C. SOMMERVILLE

Via Federal Express

October 12, 2009

Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Kimberly Creek, LLC

Registration Section:

Enclosed is a Limited Liability Company Reinstatement for the above referenced LLC. Also enclosed, a check in the amount of \$377.50 representing the Annual Report Fee for 2008 and 2009, and the reinstatement fee of \$100.00. Please process at your earliest convenience.

If you require additional information please contact us at 772-223-9999.

Very truly yours,

Pamela Squadrito