FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -6 PM 12:08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400161397494
10/06/09--01036--004 **277.50

REINSTATEMENT 2008-09 SBR

CR2E061 (12/08)

DOCUMENT # L06000122390

1. Corporation Name
KTM WWG LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3167 San Mateo NE	P.O. Box 1418
Suite, Apt. #, etc. Suite 373	Suite, Apt. #, etc.
City & State Albuquerque, NM	City & State Sarasota, FL
Zip 87110 Country USA	Zip 34230 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-8110012 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ronald Gibson

Street Address (P.O. Box Number is Not Acceptable): 2015 S Tuttle Ave.

Suite, Apt. #, Etc.

City: Sarasota State: FL Zip Code: 34230

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ronald Gibson Date: 10/2/09
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
GM	Kurt Bowker	3167 San Mateo NE #373	Albuquerque, NM 87110

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Kurt Bowker GM 10/2/09 505 975 3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #