2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000015	751				Laure Care	
1. Entity Name KH OF BOCA, LLC						
			11111	2009 MAR 3 I	AM 11: 19	
Principal Place of Business	Mailing Address	<u> </u>		SECRETARY	OF STATE	
101 PLAZA REAL SOUTH SUITE 214	101 PLAZA REAL SOUTH			SECRETARY TALLAHASSE	E. FLORIDA	
BOCA RATON, FL 33432	BOCA RATON, FL 33432	2		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. Principal Place of Business - No P.O. Box # 5250 Town Center Circle	3. Mailing Address 4205 W. A	Hantic	,			
Suite, Apt. #, etc.	Suite. Apt. #, etc. Suite 301	7		03112009 REIN-LLC	CR2E101	(1/07)
City & State Boca Raton FL	City & State Delray Beach	<u> []</u>		4. FEI Number		Applied For
Zip Country	Zip	Country	-		\$5.	00 Additional
33486 USA	^{Zip} 33445	USA		5. Certificate of Status Desire-	G LJ Fee	Required
6. Name and Address of Current	Registered Agent	Name	0	7. Name and Address of Nev	w Registered Agen	t
ALTERMAN, KARL		Name	Bria	ın Blaslana	<u> </u>	<u>. </u>
301 PLAZA REAL SOUTH SUITE 214			Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33432			Suit	1. 301		
	/	City Z	elra	y Beach	FL	Zip.God 445
The above named entity submits this statement to the obligations of registered agent.	or the surpose of changing its re	egistered office o	or registere	ad agent, or both, in the State of	Florida. I am famili	ar with, and accept
16/1/1	/				3/24/2	9
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	nature require		JIE 7 10	
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FILE NOW!!! FEE IS \$377.50					lake check päyat ida Department (
					()。 高層和語	
9. MANAGING MEMBE	RS/MANAGERS	10.		ADDITA/A	NS/CHANGES	
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