

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 MAR 31 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L07000015751	
1. Entity Name KH OF BOCA, LLC	



Principal Place of Business 101 PLAZA REAL SOUTH SUITE 214 BOCA RATON, FL 33432	Mailing Address 101 PLAZA REAL SOUTH SUITE 214 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # <u>5250 Town Center Circle</u>	3. Mailing Address <u>4205 W. Atlantic</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <u>Suite 301</u>
City & State <u>Boca Raton, FL</u>	City & State <u>Delray Beach, FL</u>
Zip <u>33486</u>	Country <u>USA</u>
Zip <u>33445</u>	Country <u>USA</u>

03112009 REIN-LLC CR2E101 (1/07)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ALTERMAN, KARL 301 PLAZA REAL SOUTH SUITE 214 BOCA RATON, FL 33432
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7. Name and Address of New Registered Agent Name <u>Brian Blasland</u> Street Address (P.O. Box Number is Not Acceptable) <u>4205 W. Atlantic</u> <u>Suite 301</u> City <u>Delray Beach</u> FL Zip Code <u>33445</u>
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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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)
DATE <u>3/24/09</u>

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTERMAN, KARL 301 PLAZA REAL SOUTH SUITE 214 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Harry Bookey 4205 W. Atlantic, Suite 301 Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

08-09

CR 4-1-09

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
DATE <u>3/24/09</u> Date Daytime Phone #