

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000024562

FILED
Oct 27, 2008
Secretary of State

Entity Name: KIN WIN'S CONTRACTOR, LLC

Current Principal Place of Business:

2888 N. SETTLERS BLVD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2888 N. SETTLERS BLVD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 33-1157800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNER, DEXTER L
2888 N. SETTLERS BLVD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DEXTER L. BONNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BONNER, DEXTER L
Address: 2888 N. SETTLERS BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: YOUNG, KAREEM
Address: 2888 N. SETTLERS BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: DEWSON, DAVID G III
Address: 2888 N. SETTLERS BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DENSON, DAVID G III
Address: 2888 N. SETTLERS BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEXTER L. BONNER

MGRM

10/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date