PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 JAN 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000035144

1. Limited Liability Company's Name
KANE REAL ESTATE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3200 NE 36TH STREET	123 BOGGS LANE
Suite, Apt. #, etc: 306	Suite, Apt. #, etc:
City & State: FT LAUDERDALE, FL	City & State: CINCINNATI, OH
Zip: 33308 / Country: BROWARD	Zip: 45246 / Country: HAMILTON

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4/2/2007

6. FEI Number: 33-1206745 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name: MATTHEW MONTGOMERY

Street Address (P.O. Box Number is Not Acceptable) Suite:
200 NE 36TH STREET

Apt. #, Etc:
306

City: FT LAUDERDALE | State: FL | Zip Code: 33308

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REI 2009-2019

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 1/16/2019
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
R	MATTHEW MONTGOMERY	3200 NE 36TH STREET, UNIT 306	FT LAUDERDALE, FL 33308

M. MILLIGAN
JAN 17 2019

Email Address: MMONTGOMERY@CMRS-LAW.COM
(To be used for future annual report notifications)

I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0108, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: _____ Date: 1/16/2019 Daytime Phone #: 513-771-2444

Printed name of signing authorized representative/member: MATTHEW MONTGOMERY