FILED
2018 JAN 10 A 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000043971

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CR2E041 (1/14)

1. Limited Liability Company's Name
K & K Express Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10205 10th Avenue North	10205 10th Avenue North
Suite, Apt. #, etc.: #A	Suite, Apt. #, etc.: #A
City & State: Plymouth, MN	City & State: Plymouth, MN
Zip: 55441 Country: USA	Zip: 55441 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 04/24/2007

6. FEI Number: 11-3539740 ☐ 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: Unisearch, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,: 155 Office Plaza Drive

Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

9. 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: Susan Cockrum Asst. Secretary Date: 1-8-18
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr.	Jepsen Carsten	10205 10th Avenue N #A	Plymouth, MN 55441
Mgr.	Michael Vipond	10205 10th Avenue N #A	Plymouth, MN 55441

11. E-mail Address: pam.uran@stinson.com
(To be used for future annual report notifications)

12. 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 605.0012, 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: _____ Daytime Phone #: 888 390 5320

Typed or printed name of signing authorized representative/member: CARSTEN JEPSEN D. SCOTT

JAN 11 2018