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Florida Department of State
Division of Corporations
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Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
KEVIN KALWARY INVESTIGATIONS AND CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # L07000061360

1. Limited Liability Company's Name

KEVIN KALWARY INVESTIGATIONS AND CONSULTING, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
412 EAST MADISON	412 EAST MADISON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 909	SUITE 909
City & State	City & State
TAMPA FL	TAMPA FL
Zip / Country	Zip / Country
33602 / US	33602 / US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 06/11/2007

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, 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 608, F.S.

Signature of Registered Agent: Doreen Wallace Date: 11/9/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KEVIN K. KALWARY	412 EAST MADISON SUITE 909	TAMPA, FL 33602
		REINSTATEMENT	

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 11/2/10 Daytime Phone #: 813 222 0555

Typed or printed name of signing Managing Member/Manager: _____