PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

JIVISION OF CLAR DRATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY 10 MAY 20 AM REE 8 G Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS L07000079990 DOCUMENT # 1. Limited Liability Company's Name K&DAUDIO VISIONS ALC 700181158927 05/20/10--01043--008 **\$16.00 CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4. State/Country of Formation 125 MANBERRY CIRCHE 125 MALBERRY CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. FLORIDA /U Date Organized or Qualified To Do Business in Florida 0810312007 City & State City & State 6. FEI Number Applied For SUPITER TUPMER IFX 26-0618247 Not Applicable \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED ()≥ for a Certificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except KEIN M. JUSTICE SR. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 125 MALBERRY PIRCLE box, you are certifying the prior notices were Surte, Apt. #, Etc not received and requesting the \$100 reinstatement be waived. Zip Code FL シンアフビス 3345X 9. I. being appointed the registered agent of the above gamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Date #_ 5". 10:10 Signature of Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Mayaging Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip MMBR 125 MALBERBY CIRCLE JUPITER, FL 33458
#7007
6549 DIAMOND SARIUGS FOR W. PALMBERCH, FL 33411 KEUIN (M. JUSTICE SR. MGR BRIAN M. FORTMANU MGR DANIEL M. PLABERTSON 3801 PGA BLUD SUITE 901 PALMBEACH GARDENS FL 38410 REINSTATEMENT 2008-2010 11. E-mail Address: BRIAN & AUDIDUISIONSFA · COM
(To be used for future annual report notifications) 12. Leartify 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 filling 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/Managery Typed or printed name of signing Managing Member/Manager KEUIN