DocuSign Envelope ID: D9BAB2E2-3647-4DED-B895-EC5D28BEF618

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
14 APR 29 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000095591

1. Limited Liability Company's Name
KIWI PARTNERS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
903 Rosser Rd.		903 Rosser Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Windermere, FL		Windermere, FL	
Zip	Country	Zip	Country
34786	US	34786	US

4. State/Country of Formation
Osceola County, FL

5. Date Organized or Qualified To Do Business in Florida
10/22/2008

6. FEI Number
26-3589506
☐ 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
Leslie C. Candes, Esq.

Street Address (P.O. Box Number is Not Acceptable)
222 W. Comstock Avenue

Suite, Apt. #, Etc.
Suite 101

City	State	Zip Code
Winter Park	FL	32789

600259616106
04/29/14--01024--008 **377.50

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 Leslie C. Candes
REGISTERED AGENT MUST SIGN

Date 4/25/14

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
MGRM	Robert W. Williams	903 Rosser Rd.	Windermere, FL 34786
MGR	Charles Gross, III	1136 New York Ave.	St. Cloud, FL 34769
MGR	Michael Branco	9484 Boggy Creek Rd.	Orlando, FL 32824
MGR	Christopher K. Schultz	312 Aulin Ave.	Oviedo, FL 32765
	MAY - 2 2014	REINSTATEMENT	2013-2014

11. E-mail Address
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Robert W. Williams Date 4/25/2014 Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Robert W. Williams