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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 # L08000095911

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: Windermere, FL | City & State: Windermere, FL |
| Zip: 34786 Country: US | Zip: 34786 Country: 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: Winter Park State: FL Zip Code: 32789

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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 Date: 4/25/14
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 |
|---|---|---|---|
| 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 | |

BY SELLERS

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