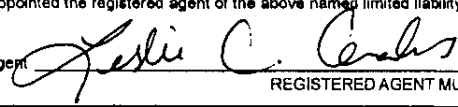
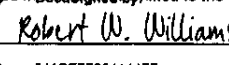


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LD8000091591</u>			
1. Limited Liability Company's Name KIWI PARTNERS, LLC			
2. Principal Office Address - No P.O. Box # 903 Rosser Rd.		3. Mailing Office Address 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
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 		Date <u>4/25/14</u>	
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	
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 		Date <u>4/25/2014</u>	
Typed or printed name of signing Authorized Representative/Manager Robert W. Williams		Daytime Phone #	