

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 OCT 18 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Limited Liability Company's Name

L08000114153

KD MIAMI INVESTMENTS LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

654 NE 128 STREET

Suite, Apt. #, etc.

City & State

N MIAMI, FLORIDA

Zip

33161

Country

USA

3. Mailing Office Address

654 NE 128 STREET

Suite, Apt. #, etc.

City & State

N MIAMI, FLORIDA

Zip

33161

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/15/2008

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KUMAR DAKSHESH

Street Address (P.O. Box Number is Not Acceptable)

654 NE 128 STREET

Suite, Apt. #, Etc.

City

N MIAMI

State

FL

Zip Code

33161

E-mail Address:

900253004699
10/18/13--01036--010 **655.00

altamiranowalter@bellsouth.net

(To be used for future annual report notices)

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

Date 10/10/2013

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	KUMAR DAKSHESH	654 NE 128 STREET,	N MIAMI, FLORIDA 33161

REINSTATEMENT

10-13

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date 10/10/2013 Daytime Phone #

Typed or printed name of signing Managing Member/Manager