

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL 26 PM 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400210371284
07/26/11--01005--005 **377.50

CR2E041 (1/11)

DOCUMENT # L09000003336

1. Limited Liability Company's Name

KMA ALLIED, LLC

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

589 Thornburg Road

Suite, Apt #, etc.

City & State

Babson Park, Florida

Zip

33827

Country

US

3. Mailing Office Address

589 Thornburg Road

Suite, Apt #, etc.

City & State

Babson Park, Florida

Zip

33827

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

01/12/2009

6. FEI Number

27-1015230

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

H. Adam Airth, Jr., LL.M.

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

500 South Florida Avenue

Suite, Apt #, Etc.

Suite 300

City

Lakeland

State

FL

Zip Code

33813

E-mail Address:

bruce.osthoff@hotmail.com

(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 7/22/11

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	Bruce E. Osthoff	589 Thornburg Road	Babson Park, Florida 33827

REINSTATEMENT

10-11 *AL*

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 07/22/2011

Daytime Phone # (863) 514-0566

Typed or printed name of signing Managing Member/Manager BRUCE E. OSTHOFF, Managing Member