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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
KAHN TECHNOLOGIES OF FLORIDA, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000071600

1. Limited Liability Company's Name
KAHN TECHNOLOGIES OF FLORIDA, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1537 San Remo Ave	1537 San Remo Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/27/2009

6. FEI Number: ✓ 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: SIDNEY L KAHN III

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1537 San Remo Ave

City: Coral Gables State: FL Zip Code: 33146

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: Kristine Duran, Attorney-in-Fact Date: 06/18/2015

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
MBR	SIDNEY L KAHN IV	1537 San Remo Ave	Coral Gables, FL 33146
MBR	SIDNEY L KAHN III REVOCABLE TRUST, UNDER DECLARATION TRUST DATED APRIL 4, 2001, AS AMENDED	1537 San Remo Ave	Coral Gables, FL 33146

11. E-mail Address: sserrats@lowellhomesinc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Date: 06/18/2015 Daytime Phone #: (561) 694-8107

Typed or printed name of signing authorized representative/member: SIDNEY L KAHN IV, Member by: Kristine Duran, Attorney-in-Fact

JUN 18 2015

L BERGER