
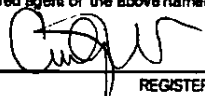
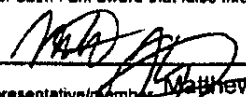


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> <p>15 AUG 20 PM 14:45</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p> </div>	
DOCUMENT # L11000137241 1. Limited Liability Company's Name Kamco Florida Properties, LLC					
2. Principal Office Address - No P.O. Box # 7701 Greenbelt Road Suite, Apt. #, etc. Ste 400 City & State Greenbelt, MD Zip 20770 Country USA		3. Mailing Office Address 7701 Greenbelt Road Suite, Apt. #, etc. Ste 400 City & State Greenbelt, MD Zip 20770 Country USA		CR2ED41 (1/14) 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 12/6/11 6. FEI Number 215885205 Applied For <input type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite 1201 Hays Street Apt. #, Etc. City Tallahassee State FL Zip Code 32301				500276274835	
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  Courtney Williams Asst. Vice President Date <u>08.20.15</u> <small>REGISTERED AGENT MUST SIGN</small>					
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		
Manager	Kamal S Ghaffarian	7701 Greenbelt Road, Ste 400	Greenbelt, MD 20770		
Manager	Matthew J Yelman	7701 Greenbelt Road, Ste 400	Greenbelt, MD 20770		
REINSTATEMENT <u>2010-2015</u>			S. HAWKES AUG 20 AM EXAMINER		
11. E-mail Address: <u>wholbrook@sgt-inc.com</u>					
<small>(To be used for future annual report notifications)</small>					
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 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  Matthew J. Yelman Date <u>8/20/15</u> Daytime Phone # <u>301-486-3120</u> Typed or printed name of signing authorized representative/member					

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 754384 7770192
AUTHORIZATION : *[Signature]*
COST LIMIT : \$660.00

ORDER DATE : August 20, 2015
ORDER TIME : 3:35 PM
ORDER NO. : 754384-005
CUSTOMER NO: 7770192

RECEIVED
DEPARTMENT OF
15 AUG 20 PM 4:36
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: KAMCO FLORIDA PROPERTIES,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____