
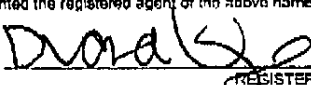
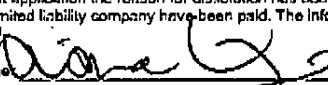


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 197000000629</b>					
1. Limited Liability Company's Name <b>KAG MANAGEMENT &amp; TRADE, L.C.</b>					
2. Principal Office Address - No P.O. Box # <b>1605 US HWY ONE</b>			3. Mailing Office Address <b>1130 12TH ST WEST</b>		
Suite, Apt. #, etc. <b>M1 208</b>			Suite, Apt. #, etc.		
City & State <b>JUPITER, FL</b>			City & State <b>BRADENTON, FL</b>		
Zip <b>33477</b>	Country <b>USA</b>	Zip <b>34205</b>	Country <b>USA</b>		
4. State/Country of Formation <b>Florida</b>				5. Date Organized or Qualified To Do Business in Florida <b>06/09/1997</b>	
6. FEI Number <b>593472108</b>				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Name <b>CORPORATE CREATIONS NETWORK, INC.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>11380 PROSPERITY FARMS ROAD</b>					
Suite, Apt. #, Etc. <b>SUITE 221E</b>					
City <b>PALM BEACH GARDENS</b>	State <b>FL</b>	Zip Code <b>33410</b>			
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 <b>1/7/2010</b>	
<b>REGISTERED AGENT MUST SIGN</b>					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	GILBERT KADJI	1605 US ONE		JUPITER, FL, 33477	
MGRM	ANNIE KADJI	1605 US ONE		JUPITER, FL, 33477	
<b>REINSTATEMENT 08-10</b>					
<b>01-19-10</b>					
11. E-mail Address: <b>diana.urrego@corpcreations.com</b> <small>(To be used for future annual report notifications)</small>					
12. 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 608.408, 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.					
Signature of Managing Member/Manager				Date <b>1/7/2010</b> Daytime Phone # <b>561-694-8107</b>	
Typed or printed name of signing Managing Member/Manager: <b>Gilbert Kadji, MGRM by Diana Urrego as attorney-in-fact</b>					

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TALLAHASSEE, FLORIDA

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Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6383

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  
KAG MANAGEMENT & TRADE, L.C.

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