

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000001833

1. Limited Liability Company's Name

KIVA OF Mt. Dora, LLC

2. Principal Office Address

505 E. 9th Ave.

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

USA

3. Mailing Office Address

4717 Stuart Glend

Suite, Apt. #, etc.

City & State

Nashville TN

Zip

37215

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Sept 14, 1998

6. FEI Number

62-1753379

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

Thomas D. Scarborough

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

201 Ziegler

Suite, Apt. #, Etc.

City

PALATKA

State

FL

Zip Code

32177

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

9/9/04

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
<u>Chief Mgr</u>	<u>Thomas D. Scarborough</u>	<u>201 Ziegler</u>	<u>PALATKA, FL 32177</u>

REINSTATEMENT

03-04

[Signature]

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.

Signature of
Managing Member/Manager

[Signature]

Date

9/9/04

Daytime Phone

(386) 3250699

Typed or printed name of signing Managing Member/Manager

Thomas D. Scarborough

FILED

04 SEP 14 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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