

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000002103
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L98000002103

1. Limited Liability Company's Name

KANNER INVESTMENTS, L.C.

900008479559--1

-10/21/02--01071--001

10/21 2002 ****155.00 ****155.00

2. Principal Office Address

815 Colorado Ave.

Suite, Apt. #, etc.

Suite 101

City & State

Stuart, Florida

Zip

34994

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

10-02-98

6. FEI Number

65-0888709

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

JAMES C. MORGAN

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

815 Colorado Avenue

Suite, Apt. #, Etc.

Suite 101

City

Stuart

State

FL

Zip Code

34994

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

REGISTERED AGENT MUST SIGN

Date

10-18-02

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	JAMES C. MORGAN	815 Colorado Ave., Suite 101	Stuart, FL 34996

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

Date

10-18-02

Daytime Phone # 772-286-6292

Typed or printed name of signing Managing Member/Manager JAMES C. MORGAN

CR2E041 (9/01)