

CAPITAL CONNECTION

850 222 1222

11/09 '01 14:33 NO 589 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

01 NOV 14 AM 8:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L99000003503

1. Limited Liability Company's Name

KATER Enterprises, LLC

REINSTATEMENT 2000-2001

2. Principal Office Address

11506 Wightman Lane

Suite, Apt. #, etc.

3. Mailing Office Address

c/o John Moore 190 S. LaSalle Street

Suite, Apt. #, etc.

4. State/Country of Formation

Lee

5. Date Organized or Qualified To Do Business in Florida

6-12-99

6. FEI Number

65-0928180

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

35.00 Additional Fee required for a Certificate of Status

City & State

Captiva, FL

City & State

Chicago, IL

Zip

33924

Country

USA

Zip

60603

Country

USA

8. Name and Address of Current Registered Agent

Name Capital Connection, Inc.

200004685692-6

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

417 E Virginia St #1

-11/16/01-01074-001

*****50.00 *****50.00

Suite, Apt. #, Etc.

200004685692-6

-11/16/01-01074-002

*****155.00 *****155.00

City Tallahassee

State

FL

Zip Code

32301

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

Leilani White

REGISTERED AGENT MUST SIGN

Date

11/14/01

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Title, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Contains entries for Jeffrey P. Novak and Kerrie N. Novak.

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 608.408, 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

Jeffrey P. Novak

Date 11-9-01

Daytime Phone # 847-482-9774

Typed or printed name of signing Managing Member/Manager

Jeffrey P. Novak, Trustee