

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

03 JAN -3 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001496

1. Limited Liability Company's Name

KNOWLEDGE CLOUD, LLC

100009823701
01/03/03--01097--007 **155.00

2. Principal Office Address

3. Mailing Office Address

113 BARKSDALE PROFESSIONAL CENTER 914 ST. CLAIR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NEWARK, DE

MELBOURNE, FL

City & State

City & State

Zip

Country

Zip

Country

19711-3258

USA

32935

USA

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified

To Do Business in Florida 07/31/2000

6. FEI Number

59-3655 674

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

FOO, COLIN

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

914 ST. CLAIR STREET

Suite, Apt. #, Etc.

SUITE M-68

City

MELBOURNE

State

FL

Zip Code

32935

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 12/23/02

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
MGR	FOO, COLIN	914 ST. CLAIR ST, SUITE M-68	MELBOURNE, FL 32935

REINSTATEMENT

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 12/23/02

Daytime Phone# (321) 223-3837

Typed or printed name of signing Managing Member/Manager

COLIN FOO

CR2E041 (9/01)