

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:32

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M01000000707

1. Limited Liability Company's Name

KGC, LLC

2. Principal Office Address

4332 Palma Sola Blvd.

3. Mailing Office Address

600 Clipper

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL 34209

City & State

Springfield, IL 62711

Zip

34209

Country

Zip

62711-8066

Country

4. State/Country of Formation

Illinois

5. Date Organized or Qualified  
To Do Business in Florida

03/29/2001

6. FEI Number

37-1408933

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Greg Koeper

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

4332 Palma Sola Blvd.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

*Greg Koeper*  
REGISTERED AGENT MUST SIGN

Date 7-14-06

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	Kerry S. Freesen	600 Clipper	Springfield, IL 62711
MGRM	Cathleen Freesen	600 Clipper	Springfield, IL 62711
			500077780576 07/30/06--01049--013 **305.00
			REINSTATEMENT 03-06

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

*Kerry S. Freesen*

Date 7-14-06 Daytime Phone# 217-546-2195

Typed or printed name of signing Managing Member/Manager Kerry S. Freesen