

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
M01000002169
DIVISION OF CORPORATIONS

FILED
02 NOV -8 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002169

Name and Mailing Address

0007205 01 FP 0.352 **PRSR T2 0 0615 28209-464550



TKC LV, LLC
5935 CARNEGIE BLVD., STE 200
CHARLOTTE NC 28209-4645



2. New Mailing Address City, State, Zip		4. State/Country of Formation NC	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/18/2001	
Principal Place of Business 5935 CARNEGIE BLVD., STE 200 CHARLOTTE NC 28209		6. FEI Number 56-2263895	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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: <i>Chris R. Smiling</i> Date: _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Graeme M. Keith	5935 Carnegie Blvd, Suite 200	Charlotte, NC 28209
Member	Graeme M. Keith, Jr.	5935 Carnegie Blvd. Suite 200	Charlotte, NC 28209
000008890710 11/08/02--01071--027 **150.00			
REINSTATEMENT			

12. 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: *G M Keith* Date: 10/30/02 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: G M Keith