

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
04 FEB -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M01000002198

Name and Mailing Address

0006826 01 FP 0.352 **PRSRT T1 0 0615 08540-734501



K.P. BURKE CONSTRUCTION, LLC
101 ST. CLAIR CT.
PRINCETON NJ 08540-7345

MJW



2/3 2002-2003-2004

2. New Mailing Address 106 PARADISE City, State, Zip PALM BEACH GARDENS FL 33418		4. State/Country of Formation NJ	
Principal Place of Business 101 ST. CLAIR CT. PRINCETON NJ 08540		5. Date Organized or Qualified To Do Business in Florida 09/25/2001	
3. New Principal Place of Business Address 106 PARADISE City, State, Zip P.B.G. FL 33418		6. FEI Number 22-3659926 Applied For Not Applicable	
8. Name and Address of Current Registered Agent JOHNSON, QUINCY 949 CLINT MOORE BOCA RATON FL 33487		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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) 600027064596 01/16/04--01004--015 **205.00 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>K. Johnson</i> Date 1-04-04 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
MGR	BURKE, KEVIN	182 MAGNAN STREET UNIT 4 106 PARADISE	PRINCETON NJ 08542 P.B.G. FLA 33418
			600027064596 02/19/04--01024--007 **50.00
REINSTATEMENT 2002-2003-2004			
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 <i>K. Johnson</i> Date 1/4/04 Daytime Phone # 561-632-8860 Typed or printed name of signing Managing Member/Manager			