M02000001178

Florida Department of State

Division of Corporations

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Account Name : C T CORPORATION SYSTEM
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LIMITED LIABILITY REINSTATEMENT

KSPJ-SANFORD, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$305.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # M02000001178

1. Limited Liability Company's Name

KSPJ-SANFORD, LLC

2. Principal Office Address	3. Mailing Office Address
1810 Arlingate Lane	1810 Arlingate Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Columbus, OH	City & State: Columbus, OH
Zip: 43228 Country: USA	Zip: 43228 Country: USA

4. State/Country of Formation: OH

5. Date Organized or Qualified To Do Business in Florida: 05/08/2002

6. FEI Number: 31-1756106 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: [signature] Date: 2-17-06

REGISTERED AGENT SIGNATURE Record Assistant Secretary

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	John E. Phillips	1810 Arlingate Lane	Columbus, OH 43228
MGRM	Diane F. Keeler	1810 Arlingate Lane	Columbus, OH 43228

REINSTATEMENT 2-06

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 608.408, 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: [signature] Date: 1/9/06 Daytime Phone #: 614-351-6227

Typed or printed name of signing Managing Member/Manager: John E Phillips

STF FL304706F.1

TOTAL P.02