M02000001194

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04

FILED
OCT -4 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/11/04

DOCUMENT # M02000001194

1. Limited Liability Company's Name
KOX INDUSTRIAL, LLC
REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
1425 B. S. BUNCOMBE RD	P.O. Box 1406
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREER, SC	City & State: GREER, SC
Zip: 29651 Country: USA	Zip: 29652 Country: USA

4. State/Country of Formation: SOUTH CAROLINA / USA

5. Date Organized or Qualified To Do Business in Florida: 5/17/2002

6. FEI Number: 57-1064988 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: WILLIAM H. WARREN

Street Address (P.O. Box Number is Not Acceptable): 4355 SE 61ST STREET

Suite, Apt. #, Etc.:

City: OCALA | State: FL | Zip Code: 34480

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: Wm H Warren III Date: 10-05-04
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVID PEACOCK	1425 B. S. BUNCOMBE RD.	GREER, SC 29651
		2003-	000041641410
REINSTATEMENT		2004	10/06/04--01035--013 **200.00

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: Dave Peacock Date: 10-05-04 Daytime Phone: (864) 801-8883

Typed or printed name of signing Managing Member/Manager: DAVID PEACOCK