

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -5 AM 11:49

DOCUMENT # M03000004310

1. Limited Liability Company's Name

KALLAL CONDO, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1527 COMMONWEALTH DR Suite, Apt. #, etc.		3. Mailing Office Address 1527 COMMONWEALTH DR Suite, Apt. #, etc.	
City & State BLACKLICK, OH		City & State BLACKLICK, OH	
Zip 43004	Country USA	Zip 43004	Country USA

4. State/Country of Formation OHIO	
5. Date Organized or Qualified To Do Business in Florida 12/24/2003	
6. FEI Number EIN. 20-0481571	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]
REGISTERED AGENT MUST SIGN

Gil S. Apelis, Asst. Secretary

Date 4/28/2009

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
MGR	GEORGE W. KALLAL JR	534 HICKORY BLUFF DR	COLUMBUS, OH 43213
MEMBER	JOANNE K. SHADE	1527 COMMONWEALTH DR	BLACKLICK, OH 43004

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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

[Signature]

Date 4/28/09

Daytime Phone # 714-336-1110

Typed or printed name of signing Managing Member/Manager

GEORGE W. KALLAL JR

REINSTATEMENT 2004-2009

T. Hampton MAY - 6 2009