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To:

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Account Name : LICENSES ETC INC
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: etc@licensesetc.com

**LIMITED LIABILITY REINSTATEMENT
KLEWIN SPECIAL PROJECTS LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000001698					
1. Limited Liability Company's Name KLEWIN SPECIAL PROJECTS LLC					
2. Principal Office Address - No P.O. Box # 18A STRAFFORD STREET			3. Mailing Office Address 18A STRAFFORD STREET		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MYSTIC, CT			City & State MYSTIC, CT		
Zip 06355	Country US	Zip 06355	Country US	4. State/Country of Formation DELAWARE	
				5. Date Organized or Qualified To Do Business in Florida 02/24/2015	
				6. FEI Number 47-3095521	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
				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 NRAI SERVICES, INC					
Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 SOUTH PINE ISLAND ROAD					
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 605, F.S.					
Signature of Registered Agent <i>Brian Mueller</i>		REGISTERED AGENT MUST SIGN		Brian Mueller Assistant Secretary Date 10/7/16	
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AMBR	KYLE KLEWIN	18A STRAFFORD STREET		MYSTIC, CT 06355	
11. E-mail Address: SUPPORT@LICENSESETC.COM (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.135, F.S.					
Signature of authorized representative/member		Date 10/07/2016		Daytime Phone # 860-319-6300	
Typed or printed name of signing authorized representative/member KYLE KLEWIN					

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K9 12/12/16