PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -4 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # M04000000704

1. Limited Liability Company's Name
KMG HOLDINGS LLC

2. Principal Office Address		3. Mailing Office Address	
868 FOURTH ST. S.		868 FOURTH ST. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NAPLES, FL		NAPLES, FL	
Zip	Country	Zip	Country
34102	USA	34102	USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida 7/1/98

6. FEI Number 52-2109573 | Applied For | Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name
GARY GALLEBERG

Street Address (P.O. Box Number is Not Acceptable)
868 FOURTH ST. S.

600040054896
08/10/04--01082--001 **50.00

Suite, Apt. #, Etc.

City	State	Zip Code
NAPLES	FL	34102

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 Gary P. Gallberg Date 6/30/04
REGISTERED AGENT MUST SIGN

CR2EO11 (10/02)

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.	GARY P. GALLEBERG	868 FOURTH ST. S.	NAPLES, FLORIDA 34102

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 Gary P. Gallberg Date 6/30/04 Daytime Phone # (239) 263-2563

Typed or printed name of signing Managing Member/Manager GARY P. GALLEBERG