

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 104																													
DOCUMENT # 08000000704 1. Limited Liability Company's Name KMG HOLDINGS LLC																																	
2. Principal Office Address 868 FOURTH ST. S. Suite, Apt. #, etc. City & State NAPLES, FL Zip Country 34102 USA		3. Mailing Office Address 868 FOURTH ST. S. Suite, Apt. #, etc. City & State NAPLES, FL Zip Country 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 ☒																													
B. Name and Address of Current Registered Agent <table border="1"><tr><td colspan="2">Name GARY GALLBERG</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 868 FOURTH ST. S. Suite, Apt. #, Etc.</td></tr><tr><td>City NAPLES</td><td>State Zip Code FL 34102</td></tr></table>						Name GARY GALLBERG		Street Address (P.O. Box Number is Not Acceptable) 868 FOURTH ST. S. Suite, Apt. #, Etc.		City NAPLES	State Zip Code FL 34102																						
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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. <table border="1"><tr><td>Signature of Registered Agent Gary P. Gallberg</td><td>Date 6/30/04</td></tr><tr><td colspan="2">REGISTERED AGENT MUST SIGN</td></tr></table>						Signature of Registered Agent Gary P. Gallberg	Date 6/30/04	REGISTERED AGENT MUST SIGN																									
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10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MEM.</td><td>GARY P. GALLBERG</td><td>868 FOURTH ST. S.</td><td>NAPLES, FLORIDA 34102</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MEM.	GARY P. GALLBERG	868 FOURTH ST. S.	NAPLES, FLORIDA 34102																				
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MEM.	GARY P. GALLBERG	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. <table border="1"><tr><td>Signature of Managing Member/Manager Gary P. Gallberg</td><td>Date 6/30/04</td><td>Daytime Phone (239) 263-2563</td></tr><tr><td colspan="3">Typed or printed name of signing Managing Member/Manager GARY P. GALLBERG</td></tr></table>						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. GALLBERG																								
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