

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT


FLORIDA DEPARTMENT OF STATE
 Jim South
 Secretary of State
 DIVISION OF CORPORATIONS

200542

FILED
 02 OCT 30 PM 2:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # Z00542
 Name and Mailing Address

0008205 01 FP 0.352 **PRSRT T5 0 0615 70113-10459



KPM, LIMITED COMPANY
 622 BARONNE ST.
 2ND FLOOR
 NEW ORLEANS LA 70113-1045



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
601 SOUTH PALAFOX STREET PENSACOLA FL 32501		03/05/1992	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		59-3305710	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANDREWS, ROY V 5218 WILLING STREET MILTON FL 32570		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. 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] Date 10/29/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SEYCHELLES DEVELOPMENT CORPORATION	622 BARONNE ST., 2ND FLOOR	NEW ORLEANS LA 70113
MEM	D'AMICO, FRANK J	622 BARONNE STREET, 2ND FLOOR	NEW ORLEANS LA 70113
MEM	WALDMANN, LESTER E	301 HUEY P. LONG AVENUE	GRETNALA 70053
MEM	WITTICH, RANIER R	243 GARDEN ROAD	RIVER RIDGE LA 70123

600008643266
 10/29/02--01025--010 **155.00

REINSTATEMENT 2002

12. 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 10/21/02 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (8/02)