

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 70113-104599



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



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 601 SOUTH PALAFOX STREET PENSACOLA FL 32501		5. Date Organized or Qualified To Do Business in Florida 03/05/1992	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 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 ANDREWS, ROY V 5218 WILLING STREET MILTON FL 32570		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)