Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
KAYLEE ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 16 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000000038

1. Corporation Name
Kaylee Enterprises, Inc.

REINSTATEMENT 08-10
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3554 W. ORANGE COUNTRY CLUB DR.	Same as principal address.
Suite, Apt. #, etc. SUITE 250	Suite, Apt. #, etc.
City & State WINTER GARDEN, FL	City & State
Zip / Country 34787	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 01/04/1995

5. FEI Number
232694352
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Danny Verdecchia, Jr. Asst. Secretary — REGISTERED AGENT MUST SIGN
Date: 6/16/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Kelly E. Hayes	5621 OXFORD MOOR BLVD.	WINDERMERE, FL 34786
C/D	Mario Ricciardelli	8 Essex Center Drive	Peabody, MA 01960
T/D	William Irwin	8 Essex Center Drive	Peabody, MA 01960
AT	Karen Luke	93 North Park Place Blvd.	Clearwater, FL 33759
S	William M. Poole	201 17th Street NW, Suite 1700	Atlanta, GA 30363

10. E-mail Address: Kellye Ksaevents.net
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: William M. Poole — 06/14/10 — 404-322-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/16 ao