PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								07 MAY 29 PH 12: 50	
DOCUMENT # L00000005350 1. Limited Liability Company's Name								SECRETARY OF STATE TALLAHASSEF, FLORIDA	
Bee-Kay Properties, LLC							900103906249 06/05/0701028021 **305.00 BK cr26041 (1/07)		
2. Principa 5064	office Addre	3. Mailing Office Address 5064 Crofton Drive				4. State/Country of Formation Florida, Pinellas			
Suite, Apt. #	‡, etc.	Suite, Apt. #, etc.				5. Date Organized or Qualified 70 To Do Business in Florida 5/10/2000			
City & State Fort Mill, SC			City & State Fort Mill, SC			<u> </u>	593644738 Applied For Not Applicable		
^{zip} 2971	15 Country York		^{Zip} 29715		Yo		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee require for a Certificate of Status		
8. Name and Address of Current Registered Agent									
G. Barry Wilkinson Street Address (P.O. Box Number is Not Acceptable) 696 First Avenue North						BK	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
						box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
Suite, Apt. #, Etc. 201									
St. Petersburg \(\square\) \(
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									
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	Paul F		5064 Crofton Drive)	Fort Mill, SC 29715		
REINSTATEMENT 2004-2007									
		- NEIIGNIAR	 FIZIVI -	-6	V	47	600		
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 Manager David & Manager Date 5-23-07 Daytime Phone # 803 547 9521									
Typed or printed name of signing Managing Member/Manager Paul R. Steadman, Managing Member									