

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000015257

Name and Mailing Address

0001369 01 FP 0.352 \*\*PRSR T5 0 0615.33037-291102



KLBOYS, LLC  
2 CENTER LANE  
KEY LARGO FL 33037-2911

03 JAN 30 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/04/2000	
<b>Principal Place of Business</b> 2 CENTER LANE KEY LARGO FL 33037	<b>6. FEI Number</b> 65-1083941		<b>Applied For</b> Not Applicable
<b>8. Name and Address of Current Registered Agent</b> POTTS, JOHN R 2 CENTER LANE KEY LARGO FL 33037		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> Signature of Registered Agent: JOHN R. POTTS Date: _____ REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	POTTS, JOHN R	2 CENTER LANE	KEY LARGO FL 33037
000011196190 01/29/03--01108--004 **200.00			
<b>REINSTATEMENT 2002-2003</b> BN			

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

Date

Daytime Phone #

305-394-4188