

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01 OCT 31 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015668

1. Limited Liability Company's Name

KAYBEE HOLDINGS, LLC

REINSTATEMENT 2001

2. Principal Office Address

3086 JOG RD.

Suite, Apt. #, etc.

City & State

GREENACRES, FL

Zip

33463

Country

USA

3. Mailing Office Address

6915 COBIA CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified  
To Do Business in Florida

12/18/2000

6. FEI Number

65 1060761

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KEVIN HOWARD

Street Address (P.O. Box Number is Not Acceptable)

3086 JOG RD

Suite, Apt. #, Etc.

City

GREENACRES

State  
FL

Zip Code

33463

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

*[Signature]*

Date

10/29/01

REGISTERED AGENT MUST SIGN

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
MM	KEVIN HOWARD	6915 COBIA CIR. Boynton Beach	FL 33437

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  
Managing Member/Manager

*[Signature]*

Date

10/29/01

Daytime Phone #

561 704 4694

Typed or printed name of signing Managing Member/Manager

KEVIN S. HOWARD

CR2E04 (9/00)