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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR
REINSTATEMENT



Division of Corporations
and Commercial Services

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000004567

Name and Mailing Address

03 AUG 27 AM 9:45

Wg/8

0004576 01 FP 0,352 **PRSR T4 0 0615 33458-434262



KLAY, L.L.C.
18062 APRIL LANE
JUPITER FL 33458-4342



REINSTATEMENT 2002-2003

2. New Mailing Address 1006 Stillwater Dr. City, State, Zip Jupiter, FL 33458		4. State/Country of Formation FL	
3. New Principal Place of Business Address 1006 Stillwater Dr. City, State, Zip Jupiter, FL 33458		5. Date Organized or Qualified To Do Business in Florida 03/22/2001	
6. FEI Number Applied For <input checked="" type="checkbox"/> 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 PILLA, FRANK 18062 APRIL LANE JUPITER FL 33458		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1006 Stillwater Dr. City <u>Jupiter</u> FL <u>33458</u> Zip Code	
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 <u>[Signature]</u> Date <u>8-24-03</u> 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	PILLA, FRANK	18062 APRIL LANE 1006 Stillwater Dr.	JUPITER FL 33458
MGRM	PILLA, LINDA	18062 APRIL LANE 1006 Stillwater Dr.	JUPITER FL 33458
			700022604237 08/27/03--01022--005 **204.00
REINSTATEMENT 2002-2003			

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 8-24-03 Daytime Phone # 561-746-2160

Typed or printed name of signing Managing Member/Manager Linda Pilla

CR2E084 (8/02)