

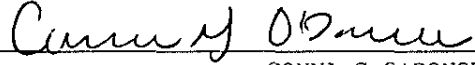


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS FILED 10 MAR -9 AM 11:22	
DOCUMENT # L02000010750		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name KAHALEVE, L.L.C.		300170578753 03/08/10--01083--003 **138.75 300170578753 02/25/10--01042--012 **516.25 CR2E041 (11/09)	
2. Principal Office Address - No P.O. Box # 31 E. GALVEZ CT. Suite, Apt. #, etc.		3. Mailing Office Address 31 E. GALVEZ CT. Suite, Apt. #, etc.	
City & State PENSACOLA BEACH FL		City & State PENSACOLA BEACH FL	
Zip 32561	Country US	Zip 32561	Country US
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 05/06/2002	
6. FEI Number 331020575		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name O'DONOVAN, CONNA G			
Street Address (P.O. Box Number is Not Acceptable) 31 E. GALVEZ CT.			
Suite, Apt. #, Etc.			
City PENSACOLA BEACH		State FL	Zip Code 32561
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 		Date 02/22/2010	
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
MGRM	O'DONOVAN, CONNA G	31 E. GALVEZ CT.	PENSACOLA BEACH, FL 32561
REINSTATEMENT 07-10			
11. E-mail Address: _____ (To be used for future annual report notifications)			
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 02/22/2010	Daytime Phone # 850 232-4001
Typed or printed name of signing Managing Member/Manager CONNA G O'DONOVAN			

N. O'DONOVAN MAR 10 2010