

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000019900
Name and Mailing Address

0002731 01 AT 0.292 **AUTO T3 0 0615 32708-492139

Lullaby

KAYJAY CREATIVE, LLC
439 BUCKCKIN CT
WINTER SPRINGS FL 32708-4921

600026041916
01/06/04--01003--030 **150.00

[illegible]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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/Manage

DECLASSIFICATION REQUIRED

Date 12-30-03 Daytime Phone # 321-277-7042

Typed or printed name of signing Managing Member/Manager