PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 JAN -5 PM 3:20

DOCUMENT # L04000035526

1. Limited Liability Company's Name
KB Development 1 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2226 State Road 580	2226 State Road 580
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33763 Country: USA	Zip: 33763 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 5/10/2004

6. FEI Number: 201107134 ☐ 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: Robert E. Schmidt Jr.

Street Address (P.O. Box Number is Not Acceptable): 2226 State Road 580

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33763

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Robert E Schmidt Jr Date: 12-10-14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mr.	Robert E. Schmidt Jr.	2226 State Road 580	Clearwater, FL 33763
Ms.	Kelly C. Schmidt	2226 State Road 580	Clearwater, FL 33763
	REINSTATEMENT		
		JAN 5 2015	
		R. HUNT	

11. E-mail Address: kelly@boulderventure.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Robert E Schmidt Jr Date: 12/10/2014 Daytime Phone #: 7274992226

Typed or printed name of signing Authorized Representative/Manager: Robert E. Schmidt, Jr.