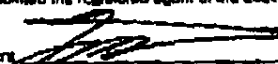
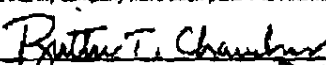


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name GB, LLC L04000064563			
2. Principal Office Address - No P.O. Box # 93 W. Blue Crab Loop Suite, Apt. #, etc.		3. Mailing Office Address 2409 Overlook Hill Ct Suite, Apt. #, etc.	
City & State Panama City Beach, FL		City & State Louisville, KY	
Zip 32459	County Walton	Zip 40205	County Jefferson
4. State/Country of Formation Florida, Walton			
5. Date Organized or Qualified To Do Business in Florida 8/31/04			
6. FEI Number 20-1635658		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐			
8. Name and Address of Current Registered Agent Name Franklin H. Watson Street Address (P.O. Box Number is Not Acceptable) 53105 E. COUNTY HIGHWAY 30A, SUITE 105 Suite, Apt. #, Etc. SUITE 105 City SANTA ROSA BEACH		☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
		State FL	
		Zip Code 32459	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 1/25/10 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Britton T. Chambers	2409 Overlook Hill Ct.	Louisville, KY 40205
MGRM	Gregory Smart	4910 Manor Creek Drive	Cumming, GA 30040
RECEIVED 10 APR - 1 PM 2:00 DIVISION OF CORPORATIONS FLORIDA			
REINSTATEMENT 05-10			
11. E-mail Address: britton_chambers@insightbb.com			
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., and 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 606.06, 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 1/13/10 Daytime Phone # 502.727.9125	
Typed or printed name of signing Managing Member/Manager Britton T. Chambers			