PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000174158T30
04/01/10--01031--011 **882.50

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CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name
GB, LLC
L04000064563

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
93 W. Blue Crab Loop	2409 Overlook Hill Ct
Suite, Apt. #, etc.	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): 53165 E. County Highway 30A, SUITE 105
Suite, Apt. #, Etc: SUITE 105
City: Santa Rosa Beach State: FL Zip Code: 32459

☑ 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.

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: 1/25/10
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	Britton T. Chambers	2409 Overlook Hill Ct.	Louisville, KY 40205
MGRM	Greggory Smart	4310 Manor Creek Drive	Cumming, GA 30040
	REINSTATEMENT 05-10		

FILED
10 APR -1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. E-mail Address: britton.chambers@insightbb.com
To be used for future annual report notification.

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 608.508, 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: Britton T. Chambers Date: 1/13/10 Daytime Phone #: 502 727 9125

Typed or printed name of signing Managing Member/Manager: Britton T. Chambers