PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -2 AM 11:38

DOCUMENT # L05000092439

1. Limited Liability Company's Name

C KIRBY INVESTMENTS LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4228 STACEY ROAD	4228 STACEY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE BEACH, FL	City & State: JACKSONVILLE BEACH, FL
Zip: 32250 / Country	Zip: 32250 / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 20-3490469 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required To Obtain Certificate of Status

8. Name and Address of Current Registered Agent

Name: KIRBY, CLAYTON

Street Address (P.O. Box Number Is Not Acceptable): 4228 STACEY ROAD

Suite, Apt. # Etc.

City: JACKSONVILLE BEACH | FL | 32250

☐ A $100 reinstatement fee is imposed, except in circumstances where the entity did not receive the prior notice. By checking this box, you are certifying the prior notice was 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 605, F.S.

Signature of Registered Agent: Clayton R. Kirby — REGISTERED AGENT MUST SIGN — Date: 11/25/08

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
MGR	KIRBY, CLAYTON	4228 STACEY ROAD	JACKSONVILLE BEACH, FL 32250

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REINSTATEMENT 2006-08

11. 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 taxes 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: Clayton R. Kirby — Date: 11/25/08 — Daytime Phone #: 904-838-3230

Typed or printed name of signing Managing Member/Manager: