PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE		
COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS		
DOCUMENT # L05000099113	PM 3: 20	
imited Liability Company's Name SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Kelley Preserve, LLC		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	041 (12/07)	
235 Yacht Club Drive PO Box 831 4. State/Country of Formation	,	
Suite, Apt. #, etc. Suite, Apt. #, etc. FL	FL 5. Date Organized or Qualified	
7 To Do Business in Florida		
City & State City & State City & State City & State 6. FEI Number 20.3500097	Applied For	
Viceville, FL 20-3599987	Not Applicable	
32578 USA 32588 CERTIFICATE OF STATUS DESIR	S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		
Allitew IVI Tinwell	nt fee is imposed, except	
Street Address (D.O. Boy Number is Not Associable)	which the entity did not	
2337 Canal Drive receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived.		
City State Zip Code Niceville, FL - 32578	rveu.	
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 Alexander Ale		
Registered Agent Date 1/4/00 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Manager	City / State / Zip	
MGRM Amazing Grace Land Development , Inc. 235 Yacht Club Drive Niceville, Fl	L 32578	
MGRM FIRSTFRUITS DEVELOPMENT, INC. PO Box 831 Niceville, FI	L 32588	
MGRM Exodus Land Development, INC. 1001 W. College Blvd. Ste. A Niceville, Fl	L 32578	
MGRM GUNGER DEVELOPMENT, INC. 207 Crystal Court Niceville, F		
100114734191 100114734191 100114734191 100114734191		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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. 3. 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/Manager Lew Managing Member/Manager Date 1/4/08 Daytime Phone # (850) 2 46 - 4232		
Typed or printed name of signing Managing Member/Manager ANDREW M. TIDWELL	4	