

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000006925

1. Limited Liability Company's Name

KYLEA DEVELOPMENT GROUP, LLC

2. Principal Office Address - No P.O. Box #

2200 Centre Park Court

Suite, Apt. #, etc.

City & State

Stone Mountain, GA

Zip

30087

Country

USA

3. Mailing Office Address

P.O. Box 870667

Suite, Apt. #, etc.

City & State

Stone Mountain, GA

Zip

30087

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/19/2006

6. FEI Number

20-4164351

☐ 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

InCorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

17888 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6-18-10

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	A. Jerry Wright	P.O. Box 870667	Stone Mountain, GA 30087
MGRM	Ralph E. Miesel	P.O. Box 870667	Stone Mountain, GA 30087

REINSTATEMENT 07-10 DB

11. E-mail Address: ajw3296@aol.com

(To be used for future annual report notifications)

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 608.406, 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

[Signature]
A. Jerry Wright

Date

6/24/10

Daytime Phone #

770-318-6953

LAW OFFICES
FRYER, SHUSTER & LESTER, P. C.
1050 CROWN POINTE PARKWAY
SUITE 410
ATLANTA, GEORGIA 30338

KEITH E. FRYER
MICHAEL H. SHUSTER
WILLIAM R. LESTER
CHARLES I. POLLACK
JEFFREY A. POWELL
HELEN DILLON FREED

WWW.GALEGAL.COM
Celebrating our 25th Anniversary in 2009

TELEPHONE
(770) 668-9300

FAX
(770) 668-9465

WRITER'S DIRECT FAX
(770) 670-7763

E-MAIL
CPOLLACK@GALEGAL.COM

July 1, 2010

Florida Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

Re: Kylea Development Group, LLC
Document Number L06000006925

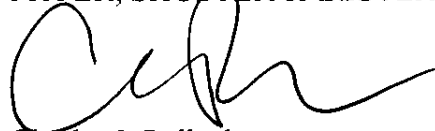
Dear Sir or Madam:

Enclosed for processing by your office please find a Limited Liability Company Reinstatement form along with a check in the amount of \$655.00 in payment of the applicable fees. Once reinstated, please provide us with confirmation of same.

Should you have any questions regarding the enclosed, please contact the undersigned. Thanking you in advance, I am,

Very truly yours,

FRYER, SHUSTER & LESTER, P.C.



Charles I. Pollack