
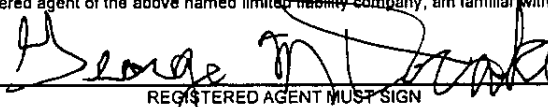
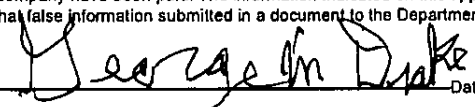


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">13 JUL -9 AM 9:49</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # <b>L06000123248</b></div><div>CR2E041 (1/11)</div></div>					
1. Limited Liability Company's Name <b>KAYBO, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>1093 E. WITHLACOOCHEE TRAIL</b>		3. Mailing Office Address <b>Post Office Box 790</b>		4. State/Country of Formation <b>FLORIDA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <b>12/28/2006</b>	
City & State <b>Dunnellon, FL</b>		City & State <b>Dunnellon, FL</b>		6. FEI Number <b>20-8156430</b>	
Zip <b>33434</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33434</b>		Country <b>USA</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
8. Name and Address of Current Registered Agent				E-mail Address:  <b>100249613921</b> <b>07/09/13--01020--010 **798.75</b>  (To be used for future annual report notices)	
Name <b>George M. Drake</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1903 E. Withlacoochee Trail</b>					
Suite, Apt. #, Etc.					
City <b>Dunnellon</b>		State <b>FL</b>		Zip Code <b>33434</b>	
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 <b>7-3-13</b>	
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		
MGMR	George M. Drake	1093 E. Withlacoochee Trail	Dunnellon, FL 33434		
MEMBER	Barbara F. Drake	1093 E. Withlacoochee Trail	Dunnellon, FL 33434		
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 3em; font-family: cursive; margin-bottom: 10px;">09-13</div>					
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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager 				Date <b>7-3-13</b>	
Typed or printed name of signing Managing Member/Manager <b>George M. Drake</b>				Daytime Phone # <b>(352)322-5057</b>	

**WILLIAMS** | JUL - 9 2013