PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 FEB -8 PM 1:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

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02/08/10--01018--020 **832.50

CR2E041 (10/06)

DOCUMENT # L07000124524

1. Limited Liability Company's Name

Kelaco-Miles, LLC. Of

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1745 E Hallandale Bch Blvd	1745 E Hallandale Bch Blvd
Suite, Apt. #, etc. #308	Suite, Apt. #, etc. #308
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009 / Country USA	Zip 33009 / Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 12/17/07

6. FEI Number: 26-1580824 ☐ 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: Sean Kellier BK

Street Address (P.O. Box Number is Not Acceptable): 1745 E Hallandale Bch Blvd

Suite, Apt. #, Etc.: #308

City: Hallandale | State: FL | Zip Code: 33009

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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 _____ REGISTERED AGENT MUST SIGN Date 2/4/10

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
Pres	Sean Kellier	1745 E Hallandale Bch Blvd #308	Hallandale, FL 33009

REINSTATEMENT 2008-2010

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.

Signature of Managing Member/Manager _____ Date 2/4/10 Daytime Phone # 754-422-4125

Typed or printed name of signing Managing Member/Manager _____