PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		14 NOV 26 PM 3: 33	
DOCUMENT # LJ 0000042230 1. Limited Liability Company's Name		.,	ALL AHASSEE. FLORIDA	
Kenneth Lyons, LLC		4 11/2	00266935524 6/14-01014002 **238.75 cr26041 (12/07)	
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address		CR2E041 (12107)	
12814 Genera Quadu Dr.	12814 Geneva Glade Dr	4. State/Cour	ntry of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7 Date 0	Honda	
			nized or Qualified $4/20/2010$	
R, VW View, FL	City & State 6. FEI Number 6. FEI			
33578 Country	33578 Country U.S	7. CERTIFICATI	E OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1701 Hayes Street Suite, Apr. #, Etc. City Tallahassee FL 32301		in circ receive box, you not re	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				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manage	Street Address of Ea managing Member/Ma		City / Starte / Zip	
many Kenneth Lyans 12814 Ceneur		in Gado	River usew, FL 33578	
	סר			
REINSTATEMENT S. HAWKES				
2AUC			DEC 01 A.M.	
1 AU19			EXAMINER	
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 22 (UNU 14 Daytime Phone) (941) 224-7405				
Typed or printed name of signing Managing Member/Manager				