PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 JUN -5 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/13)

DOCUMENT # L14000063543

1. Limited Liability Company's Name

SKYEBAY LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9023 PARKHILL RD	9023 PARKHILL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32317 Country: USA	Zip: 32317 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4-17-2014

6. FEI Number: 46-5514312 ☐ 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: BLAKE WATSON

Street Address (P.O. Box Number is Not Acceptable): 9023 PARKHILL RD

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32317

E-mail Address:
500314291085
06/05/18--01007--002 **516.25

ALOHABLAKE73@GMAIL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 6-5-18
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	BLAKE WATSON	9023 Parkhill Rd	Tallahassee FL 32317
AMBR	LAURA WATSON	9023 Parkhill Rd	Tallahassee FL 32317

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 Authorized Person: [signature] Date: 6-5-18 Daytime Phone #: 850-212-9522

Typed or printed name of signing Authorized Person

Tmarc 6/5/18