

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO2000002739**

1. Limited Liability Company's Name

Kaye's Properties, LLC

W07-52176

2. Principal Office Address

326 North Broadway

Suite, Apt. #, etc.

City & State

Tupelo, MS

Zip

38804

Country

USA

3. Mailing Office Address

P.O. Box 469

Suite, Apt. #, etc.

City & State

Tupelo, MS

Zip

38802

Country

USA

4. State/Country of Formation

MS/USA

5. Date Organized or Qualified To Do Business in Florida

8/21/2002

6. FEI Number

71-0908347

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required for a Certificate of Status

07 OCT 30 PM 1:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

8. Name and Address of Current Registered Agent

Name

William Henry McAnnally, IV

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

420 W. BRANDON BLVD.

Suite, Apt. #, Etc.

SUITE 202

City

BRANDON

State

FL

Zip Code

33511

500109529145

09/18/07--01008--010 **300.00

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

9-10-07

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
member	Joseph Davis, MGAM	326 N. Broadway	Tupelo, MS 38804
member	Scott Davis, MGAM	326 N. Broadway	Tupelo, MS 38804

REINSTATEMENT

W/p

2004-2007

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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

[Signature]

Date

9/14/07

Daytime Phone #

662-840-1791

Typed or printed name of signing Managing Member/Manager

Scott Davis

CR2E041 (10/02)