

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000001260

1. Limited Liability Company's Name

Kersey Holdings, L.C.
114 Queen Catcherina *CATHERINA*
Ft. Pierce, FL 34949

100024566701
11/10/03--01074--016 **155.00

2. Principal Office Address

114 Queen Catcherina

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL 34949

City & State

Zip
34949

Country
St. Lucie

Zip
Country

4. State/Country of Formation

Florida, Marting County

5. Date Organized or Qualified
To Do Business in Florida

Feb 3, 2000

6. FEI Number

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

Thomas A. Kersey

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

114 Catcherina *CATHERINA*

Suite, Apt. #, Etc.

City
Ft. Pierce

State
FL

Zip Code
34949

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 *11-3-03*

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 |
|--------------------|--------------------------------------|---|---------------------|
| Managing Member | Thomas A. Kersey | <i>CATHERINA</i> 114 Catcherina | Ft Pierce, FL 34949 |
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REINSTATEMENT *03-03-03*
dkc

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 *11-3-03* Daytime Phone# (772) 971-2102

Typed or printed name of signing Managing Member/Manager Thomas A. Kersey, Managing Member

CR2ED41 (10/02)