


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000006847		
1. Entity Name T.F. KEEFE, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 27 PM 3:51

Principal Place of Business 265 FORT SMITH BLVD DELTONA, FL	Mailing Address 265 FORT SMITH BLVD DELTONA, FL
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2. Principal Place of Business - No P.O. Box # 245 W BLUE SPRINGS BLVD Suite, Apt. #, etc. SUITE E	3. Mailing Address 245 W BLUE SPRINGS BLVD Suite, Apt. #, etc. SUITE E
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03202008 REIN-LLC CR2E101 (1/07)

City & State ORANGE CITY FLA	City & State ORANGE CITY FLA	4. FEI Number 59-3658890	Applied For Not Applicable
Zip 32763	Country USA	Zip 32763	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KEEFE, TIMOTHY F 265 FORT SMITH BLVD DELTONA, FL 245 W BLUE SPRINGS BLVD SUITE E ORANGE CITY FL 32763	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEFE, TIMOTHY F 265 FORT SMITH BLVD. DELTONA, FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 W BLUE SPRINGS BLVD SUITE E ORANGE CITY FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700121197187 03/25/08--01018--011 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2007-08**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____	3-21-08 407 468 1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #