L00000009179

Florida Department of State

Division of Corporations

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AL

LIMITED LIABILITY REINSTATEMENT

MIDDLE KEYS ENTERPRISES, LLC.

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000009179

1. Limited Liability Company's Name
MIDDLE KEYS ENTERPRISES, LLC

2. Principal Office Address	3. Mailing Office Address
6307 WAXMYRTLE CIRCLE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC, FL	City & State
Zip: 33319 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8/2/00

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: COBER CORPORATE AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 4000 INTERNATIONAL PLACE 100 S.E. SECOND STREET.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33131

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.

COBER CORPORATE AGENTS, INC.

Signature of Registered Agent: [signature] Date: 11/30/01

BY: RICHARD A. [illegible], SECRETARY
REGISTERED AGENT MUST SIGN

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
MGRM	Rappaport, Marvin J.	6307 Waxmyrtle Circle	Tamarac, FL 33319

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 608.409, 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: 12/10/01 Daytime Phone#: (954)735-0771

MARVIN J. RAPPAPORT
Typed or printed name of signing Managing Member/Manager

CR2E043 (1/99)