

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01- OCT 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H000000496521**

1. Limited Liability Company's Name

L-11338
KEYSTONE STRATEGIES LLC

REINSTATEMENT 2001

2. Principal Office Address

225 CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

225 CENTRAL AVE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34102

Country

USA

City & State

NAPLES, FL

Zip

34102

Country

USA

4. State/Country of Formation

FL/COLLIER

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3671774

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

JOSEPH A. SFARA

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

225 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

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******155.00 ****155.00**

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

Joseph A. Sfara

REGISTERED AGENT MUST SIGN

Date **10/18/01**

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	JOSEPH A. SFARA	225 CENTRAL AVE	NAPLES, FL 34102
MGRM	JAMES P. COVERT	2647 NELSON CT.	WESTON, FL 33326

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

Joseph A. Sfara

Date **10/18/01**

Daytime Phone #

941 649 1657

Typed or printed name of signing Managing Member/Manager

JOSEPH A. SFARA