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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**1. DOCUMENT #** L01000003801

Name and Mailing Address

0004542 01 FP 0.352 --PRSRT T4 0 0615 33458-244302



ALKEMIYA, LLC  
19602 TRAILS END TERRACE  
JUPITER FL 33458-2443

02 BK

**FILED**  
05 MAY 25 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. New Mailing Address**

536 Rookery Place  
City, State, Zip  
JUPITER, FL 33458

Principal Place of Business

19602 TRAILS END TERRACE  
JUPITER FL 33458

**3. New Principal Place of Business Address**

536 Rookery Place  
City, State, Zip  
JUPITER, FLORIDA 33458

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

03/12/2001

**6. FEI Number**

65-6366141

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**

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH FL 33401-0000

**9. Name and Address of New Registered Agent**

Name: Jenelle Martin  
Street Address (P.O. Box Number is Not Acceptable):  
404 Willet Ave.  
City: JUPITER FL Zip Code: 33458

**10. 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 5/24/05

**11. Names and Street Addresses of Each Managing Member/Manager**

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	PHIL MARTIN	536 Rookery Place, Jupiter, FL	Jupiter, FL 33458

600055568366  
06/01/05--01017--004 \*\*300.00

**REINSTATEMENT** 2002-2005  
BK

**12. 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 5-24-2005

Daytime Phone # 561.745.8300

Typed or printed name of signing Managing Member/Manager

PHIL MARTIN

CR2E084 (8/02)