

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000005531

1. DOCUMENT # **L01000005531**

Name and Mailing Address

02 NOV 12 AM 10:48

REINSTATEMENT 2002

0000567 01 FP 0.352 **PRST T2 0 0615 32779-502099

KEYSTONE DEVELOPMENT LLC
1230 DOUGLAS AVE.
LONGWOOD FL 32779-5020



REINSTATEMENT 2002

2. New Mailing Address
300 Ronald Reagan Blvd, Suite 311
City, State, Zip **Longwood, FL 32750**

Principal Place of Business
**1230 DOUGLAS AVE.
LONGWOOD FL 32779**

3. New Principal Place of Business Address
300 Ronald Reagan Blvd Suite 311
City, State, Zip **Longwood FL 32750**

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
04/10/2001

6. FEI Number
59-3751420

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
**HUEY, NORMAN L
121 RAINTREE DR.
LONGWOOD FL 32779**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]** Date **11-5-02**
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Norman L Huey	121 Raintree Drive Longwood, FL 32779	Longwood, FL, 32779
Manager	Richard A Fess	106 Pine Circle Dr	Lake Mary, FL 32746

REINSTATEMENT 2002

400008944404
11/12/02-01143-004 **150.00

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 **11-5-02** Daytime Phone # **407 788-0029**

Typed or printed name of signing Managing Member/Manager