

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006885

Name and Mailing Address

0015077 01 AB 0.301 **AUTO T6 2 0615 32693-111818



SKEET'S DRIVE-THRU, L.L.C.
P.O. BOX 1118
TRENTON FL 32693-1118



BK

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business

1122 WADE STREET
STE A
TRENTON FL 32693

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/01/2001

6. FEI Number

59-3719134

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

MCKOY, KEITH
1122 WADE STREET STE. A
TRENTON FL 32693

9. Name and Address of New Registered Agent

Name

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

City

100024937071
11/21/03--01084--008 *\$150.00
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 REQUIRED
KEITH MCKOY

Date

REGISTERED AGENT MUST SIGN

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
MGR	MCKOY, KEITH	873 N.W. SR 45	NEWBERRY FL 32688
MGR	PAGE, KATRINA	873 N.W. SR 45	NEWBERRY FL 32688

REINSTATEMENT 2003

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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

KEITH MCKOY

Date 11-10-03

Daytime Phone # 352 463-2260

Typed or printed name of signing Managing Member/Manager

Keith McKoy