

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000007310

1. DOCUMENT # L01000007310

Name and Mailing Address

REINSTATEMENT 2002-2003

0010579 01 FP 0.352 **PRSR H9 0 0615 34746-660114

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KEY FLORIDA HOMES LLC
4614 EAGLE PEAK DR.
KISSIMMEE FL 34746-6601

KEY FLORIDA HOMES LLC
4320 BAY VISTA DRIVE
KISSIMMEE FLORIDA
34746

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01/29/03-01017-002 **50.00



2. New Mailing Address 4320 BAY VISTA DRIVE KISSIMMEE FLORIDA 34746		4. State/Country of Formation FL	
Principal Place of Business 4614 EAGLE PEAK DR. KISSIMMEE FL 34746 4320 BAY VISTA DRIVE KISSIMMEE FL 34746		5. Date Organized or Qualified To Do Business in Florida 05/09/2001	
3. New Principal Place of Business Address N/A City, State, Zip: N/A		6. FEI Number 59-3716940 Applied For: <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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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: **11/25/02**

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	GOURLAY, DAVID BRUCE	4614 EAGLE PEAK DR. 4320 BAY VISTA DR	KISSIMMEE FL 34746
MGR	JENKINS, SHARON (I am now MARRIED) SHARON GOURLAY	4614 EAGLE PEAK DR. 4320 BAY VISTA DRIVE	KISSIMMEE FL 34746
MGR	GOURLAY SHARON	4614 EAGLE PEAK DR. 4320 BAY VISTA DRIVE	KISSIMMEE FL 34746

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REINSTATEMENT 2002-2003

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: **10/23/02** Daytime Phone #: **407-390-9305**

Typed or printed name of signing Managing Member/Manager: **SHARON GOURLAY**