

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009215

Name and Mailing Address

0011050 01 FP 0.352 \*\*PRSRT H3 0 0615 33956-022727



LITTLE KEYE, L.L.C.

PO BOX 227

ST. JAMES CITY FL 33956-0227

02 NOV -6 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008831366  
11/06/02--01085--002 \*\*150.00



2. New Mailing Address

P.O. Box 248

City, State, Zip  
MATLACHA FL 33993

Principal Place of Business

3394 STRINGFELLOW ROAD  
ST. JAMES FL 33956

3. New Principal Place of Business Address

5320 Doug Taylor Circle

City, State, Zip

St. James City, FL 33956

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/08/2001

6. FEI Number

45-0480637

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

GARCIA, CHARLIE E  
3394 STRINGFELLOW ROAD  
ST. JAMES FL 33956

9. Name and Address of New Registered Agent

Name

Garcia, Charlie E.

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

5320 Doug Taylor Circle

City

St. James City

FL

Zip Code

33956

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

*Charlie Garcia*

Date 10-30-02

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
MGRM	GARCIA, CHARLIE E	<del>3394 STRINGFELLOW ROAD</del> 5320 Doug Taylor Circle	<del>ST. JAMES CITY FL 33956</del> St. James, FL 33956

REINSTATEMENT 2002

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

*Charlie Garcia*

Date

Daytime Phone #

10-30-02

Typed or printed name of signing Managing Member/Manager