

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000000819

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000000819

Name and Mailing Address

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KEYSTONE, LLC
526 CLUB DRIVE
PALM BEACH GARDENS FL 33418-7078



REINSTATEMENT 2003

CR2E034 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/10/2002	
Principal Place of Business 526 CLUB DRIVE PALM BEACH GARDENS FL 33418	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 94-3414873	Applied For 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 LEVINE, ALAN 526 CLUB DRIVE PALM BEACH GARDENS FL 33418		9. Name and Address of New Registered Agent Name 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 *Alan Levine* **SIGNATURE REQUIRED** Date 12/12/03

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
<i>MAN</i>	ALAN M LEVINE	526 CLUB DRIVE	PALM BEACH GARDENS, FL 33418

500025533815
12/16/03 01072-009 **150.00

REINSTATEMENT 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 terminated, 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 *Alan Levine* **SIGNATURE REQUIRED** Date 12/12/03 Daytime Phone # 561 739 2348

Typed or printed name of signing Managing Member/Manager