

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000003320

Name and Mailing Address

0008224 01 AT 0.292 \*\*AUTO TO 0 0615 33308-763531



KEY RESORTS LLC  
3800 GALT OCEAN DRIVE, SUITE 906  
FORT LAUDERDALE FL 33308-7635



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/08/2002	
Principal Place of Business 3800 GALT OCEAN DRIVE, SUITE 906 FORT LAUDERDALE FL 33308		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
3. New Principal Place of Business Address City, State, Zip		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 KEARNS, DANIEL P 3800 GALT OCEAN DRIVE, SUITE 906 FORT LAUDERDALE FL 33308		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 <u>SIGNATURE REQUIRED</u> Date <u>12/20/03</u> 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 Pres	Daniel P. KEARNS	3800 GALT OCEAN DR # 906	Ft. Lauderdale, FL 33308
		900025776429 12/26/03--01073--019 **150.00	
[AL] ?		REINSTATEMENT 03	

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 REQUIRED Date 12/20/03 Daytime Phone # 954-253-6377

Typed or printed name of signing Managing Member/Manager Daniel P. KEARNS

CR2E084 (7/03)