

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -4 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02-000004292

1. Limited Liability Company's Name

KEY WEST SIGN COMPANY LLC

2. Principal Office Address

124 BAY ST.

Suite, Apt. #, etc.

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

DAYTONA BCH, FL

City & State

Zip

32114

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

2.22.02

6. FEI Number

01-0608224

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

Name

DENNIS FOGELL

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

124 BAY ST

Suite, Apt. #, Etc.

City

DAYTONA BCH

State

FL

Zip Code

32114

9. 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

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DENNIS FOGELL	124 BAY ST. DB	DAYTONA BCH FL 32114
MGRM	RONNIE HAMES JR	124 BAY ST.	DAYTONA BCH FL 32114

REINSTATEMENT

2003-2004

2/16/04

11. 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager