2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 NOV -9 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10262004 REIN-LLC CR2E101 (6/04)

DOCUMENT # L02000011290

1. Entity Name
KEY PRINTS, LLC

Principal Place of Business	Mailing Address
6707 28TH AVE. E. BRADENTON, FL 34208	6707 28TH AVE. E. BRADENTON, FL 34208
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 01-0733555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, KELLY
6707 28 AVE EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 **After January 1, 2005, Fee will be $100.00**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REYNOLDS, KELLY 6707 28 AVE EAST BRADENTON, FL 34208	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REYNOLDS, REDA 6707 28 AVE EAST BRADENTON, FL 34208	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600042606046 11/09/04--01067--015 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2004	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Reda Reynolds, Mgr. x [signature] 11/1/04 (941)747-2938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #