

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 18 PM 2:22

DOCUMENT # L 020000 12043

1. Limited Liability Company's Name

Keebler Enterprises, LLC.

2. Principal Office Address

2130 Jackson Bluff Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

U.S.

3. Mailing Office Address

1233 W. Tharpe Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

U.S.

4. State/Country of Formation

Florida / U.S.

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

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

Jamar M. Bailey

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

2130 Jackson Bluff Road.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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

Jamar Bailey

REGISTERED AGENT MUST SIGN

Date 2/18/04

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
Mgmn	<u>Natasha Ford-Bailey</u>	<u>2130 Jackson Bluff Rd.</u>	<u>Tallahassee, FL 32304</u>
Mgmn	<u>Jamar M. Bailey</u>	<u>2130 Jackson Bluff Rd.</u>	<u>Tallahassee, FL 32304</u>

REINSTATEMENT 2003-04

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

Natasha Ford-Bailey

Date 2/18/04

Daytime Phone # (850) 575-5821

Typed or printed name of signing Managing Member/Manager

Natasha Ford-Bailey