

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000013899

1. Limited Liability Company's Name
Keystone, L.L.C.

2. Principal Office Address - No P.O. Box #

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

06/06/2002

6. FEI Number

04-3699536

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

Alan W. Levine

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

1110 Brickell Avenue

Apt. #, Etc.

Suite 700

City

Miami

State

FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-21-17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Alan W. Levine	1110 Brickell Avenue, Suite 700	Miami, FL 33131

11. E-mail Address: gsr@levinelawfirm.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

02/21/2017

Daytime Phone #

(305)372-1350

Typed or printed name of signing authorized representative/member

Alan W. Levine

FILED

2017 FEB 24 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT 2014-17

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02/24/17--01022--029 **\$55.00