

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 DIVISION OF CORPORATIONS

L02000024729

FILED

03 NOV 13 PM 12:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024729
 Name and Mailing Address

0010931 01 AT 0.292 **AUTO TO 0 0615 34236-850290
 KEY WEST KEY LIME, LLC
 1590 FIRST STREET
 SARASOTA FL 34236-8502



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1590 FIRST STREET SARASOTA FL 34236		5. Date Organized or Qualified To Do Business in Florida 09/23/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 770455234	Applied For Not Applicable
		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 GOAR, JAMES C 1590 FIRST STREET SARASOTA FL 34236		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: James C. Goar Date: 11-4-03
 REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	PEGGY JO HADLEY	155 W. MAIN ST. BENTON HARBOR, MI 49022	49022 BENTON HARBOR, Michigan
V.P.	ROSSALYN SANDER	155 W. MAIN ST.	BENTON HARBOR, MI 49022
			400024633684 11/13/03--01029--004 **150.00
REINSTATEMENT 03			
FINAL			

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: Peggy Jo Hadley Date: 11-5-03 Daytime Phone: 269.208.4460
 Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)