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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -8 AM 11:40

1. DOCUMENT # L02000033696

Name and Mailing Address

0002443 01 AT 0.292 **AUTO T1 0 0615 32541-510858
KEYLESS MANAGEMENT, L.L.C.
4458 OCEAN VIEW DRIVE
DESTIN FL 32541-5108

500025265105
12/00/03--01003--013 **150.00

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/16/2002

Principal Place of Business
4458 OCEAN VIEW DRIVE
DESTIN FL 32541

3. New Principal Place of Business Address: 4300 Legendary Dr. Ste. 234
City, State, Zip: Destin FL 32541

6. FEI Number: 20-0314744 [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. **Name and Address of Current Registered Agent**

WALTERS, ELIZABETH J
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

9. **Name and Address of New Registered Agent**

Name: JERRY L. WALLACE
Street Address (P.O. Box Number is Not Acceptable): 4458 OCEAN VIEW DR.
City: DESTIN FL Zip: 32541

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 x Jerry SIGNATURE REQUIRED Date 11/28/03

REGISTERED AGENT MUST SIGN

11. Name and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | WALLACE, JERRY L | 4458 OCEAN VIEW DRIVE | DESTIN FL 32541 |
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REINSTATEMENT 03

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 x Jerry SIGNATURE REQUIRED Date 11-28-03 Daytime Phone # 850-650-6299

Typed or printed name of signing Managing Member/Manager JERRY L. WALLACE, MGR.