

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

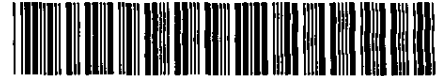
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1. DOCUMENT # L02000033696

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		4. State/Country of Formation FL	
City, State, Zip		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	☒ Applied For ☐ Not Applicable
8. Name and Address of Current Registered Agent WALTERS, ELIZABETH J 221 MCKENZIE AVENUE PANAMA CITY FL 32401		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
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 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: <i>Jerry L. Wallace</i> Date: 11/28/03 REGISTERED AGENT MUST SIGN			
11. Names 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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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: *Jerry L. Wallace* Date: 11-28-03 Daytime Phone #: 850-650-6299

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

CR2EQ34 (7/03)