

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 28 AM 8:49

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000031659

1. Limited Liability Company's Name

DOORKEY, L.L.C.

2. Principal Office Address

35246 US Highway 19 North

Suite, Apt. #, etc.

PMB # 122

City & State

Palm Harbor, FL

Zip

34684

Country

US

3. Mailing Office Address

35246 US Highway 19 North

Suite, Apt. #, etc.

PMB # 122

City & State

Palm Harbor, FL

Zip

34684

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

August 22, 2003

6. FEI Number

Applied For

Not Applicable

7. 2005  
CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HARRY O. HENDRY

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

2242 Main Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

REINSTATEMENT 04-05

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-27-05

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
Manager	Barney Joe Barron	35246 US Highway 19 North PMB # 122	Palm Harbor, FL 34684

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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

*Barney Joe Barron*

Date

28 JAN 2005

Daytime Phone# 727-934-5414

Typed or printed name of signing Managing Member/Manager

BARNEY JOE BARRON

Cell# = (405) 627-6519

CR2E041 (10/02)