

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 15 AM 9:53

DOCUMENT # L03000037488

**1. Limited Liability Company's Name**

McKay Real Estate Group, LLC

**2. Principal Office Address**

176 Helios Dr.  
Suite, Apt. #, etc.  
505

**City & State**

Jupiter, FL

**Zip**

33477

**Country**

USA

**3. Mailing Office Address**

176 Helios Dr.  
Suite, Apt. #, etc.  
505

**City & State**

Jupiter, FL

**Zip**

33477

**Country**

USA

CR2E041 (8/05)

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

10/1/03

**6. FEI Number**

65-1206797

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**

Peter L.A. Pantages

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

176 Helios Dr.

**Suite, Apt. #, Etc.**

505

**City**

Jupiter

700061451667

11/15/05--01078--019 \*\*150.00

**State**

FL

**Zip Code**

33477

**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

REGISTERED AGENT MUST SIGN

Date

11/4/05

**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
Mg Memb	Peter L.A. Pantages	176 Helios Dr., #505	JUPITER, FL 33477

REINSTATEMENT 2005

**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

Date

11/4/05

Daytime Phone #

609-586-5445

Typed or printed name of signing Managing Member/Manager

PETER L.A. PANTAGES