

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 11 PM 12:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500165751315
01/11/10--01052--014 **416.25

CR2E041 (11/09)

DOCUMENT # L04000033231

1. Limited Liability Company's Name

Keystone Elder Planning, LLC

2. Principal Office Address - No P.O. Box #

905 E. M.L. King Jr. Blvd
Suite, Apt. #, etc. 203

3. Mailing Office Address

← Same
Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

34689

Country

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

5/3/04

6. FEI Number

14-8664599

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

Allan Cruickshank

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

905 E. M.L. King Jr. Blvd.

Suite, Apt. #, Etc.

203

City

Tarpon Springs

State

FL

Zip Code

34689

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Allan Cruickshank

Date 01-07-10

REGISTERED AGENT MUST SIGN

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
MM	Allan Cruickshank	905 E. M.L. King Jr. Blvd Suite 203	Tarpon Springs, FL 34689
	L. SELLERS		
	JAN 12 2010		
	EXAMINER		

REINSTATEMENT 08-2010

11. E-mail Address: allan.warvet@yahoo.com

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

Allan Cruickshank

Date 01-07-10

Daytime Phone # 888-311-8880

Typed or printed name of signing Managing Member/Manager

#189