

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 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200166584842
01/19/10--01033--006 **282.50
CR2E041 (11/09)

DOCUMENT # LO4000037234

1. Limited Liability Company's Name

KEY WEST HOBE SOUND III LLC

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

100 S. BIRCH RD

Suite, Apt. #, etc.

2801

City & State

FORT LAUDERDALE, FL.

Zip

33316

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

5/17/2004

6. FEI Number

201126594

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

HOFFMAN, STEPHEN V.

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

1500 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 200

City

FORT LAUDERDALE, FL 33304

State

FL

Zip Code

33304

☒ 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.

200166584842

01/19/10--01033--007 **138.75

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

1/6/2010

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
MGM.	PAUL L. KOZEL	100 S. BIRCH RD # 2801	FT LAUDERDALE FL 33316

REINSTATEMENT 08-10

11. E-mail Address:

pkozela@bell-south.net

(To be used for future annual report notifications)

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 608.408, 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

1/6/10

Daytime Phone #

954-817-1424

Typed or printed name of signing Managing Member/Manager

PAUL L. KOZEL

N. O'Connell JAN 26 2010