

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

07 MAR -5 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000040966

1. Limited Liability Company's Name

Keith Robert Gregory LLC

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

86 HARRY MORRISON RD

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FLA

Zip

32327

Country

USA

3. Mailing Office Address

86 HARRY MORRISON RD

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FLA

Zip

32327

Country

USA

4. State/Country of Formation

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

02-29-04

6. FEI Number

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

Keith Robert Gregory LLC

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

86 HARRY MORRISON RD

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

☒ 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**

Keith Robert Gregory

Date

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
			3000091557523 02/07/07--01035--001 **100.00

REINSTATEMENT 2006-2007
RB

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**

Keith Robert Gregory

Date

Daytime Phone # 644-6958

Typed or printed name of signing Managing Member/Manager