

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

09 NOV -3 PM 2:09

DOCUMENT # L04000064514

1. Limited Liability Company's Name

Keith Little, LLC

ML

CR2E041 (10/08)

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

5138 Turtle Dove Trail

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33810

Country

USA

3. Mailing Office Address

SAME AS PRINCIPLE

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

08/30/04

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 Little

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

5138 Turtle Dove Trail

Suite, Apt. #, Etc.

City

Lakeland,

State

FL

Zip Code

33810

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 Little

Date 10/23/09

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
MGRM	Keith Little	5138 Turtle Dove Trail	Lakeland, Florida 33810

REINSTATEMENT 2009

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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

Keith Little

Date 10/23/09

Daytime Phone # 813-868-7361

Typed or printed name of signing Managing Member/Manager