PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIA COMPA REINSTATE | NY (| S | DEPARTMEN Secretary of SI | State | | CRETARY OF STATE SIVISION OF CORPORATIONS 09 NOV -3 PM 2: 09 | |
|--|---|-----------------------|--|--|--|---|--|
| DOCUMENT # L0400064514 1. Limited Liability Company's Name | | | | | | | |
| Keith Little, LLC ■ | | | | | 1 mg | CR2E041 (10/08) | |
| • | ddress - No P.O. Box # | 3. Mailing Off | | , | 1 1 | | |
| 5138 Turtie Dov | /e Trail | _ | PRINCIPLE | | 4. State/Coun Florida | ntry of Formation | |
| Suite, Apt. #, etc. | | Suite, Apt. #, e | ∍tc. | | 5. Date Organ | nized or Qualified siness in Florida 08/30/04 | |
| City & State | | City & State | | | 6. FEI Numbe | · · · · · · · · · · · · · · · · · · · | |
| Lakeland, Florid | | | - 1 Coun | | | ✓ Not Applicable | |
| ^{Zip} 33810 | Country USA | Zip | Countr | Ŋ | 7. CERTIFICATE | E OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status | |
| | 8. Name and Address o | of Current Regist | tered Agent | | . . | | |
| Name Keith Little | | | YL | .1/ | A \$100 in circ | O reinstatement fee is imposed, except cumstances which the entity did not | |
| Street Address (P.O. I 5138 Turtle Dov | Box Number is Not Acceptable Ve Trail | ə) | / | | receive | e the prior notices. By checking this | |
| Suite, Apt. #, Etc. | 76 11611 | | | 1 | | ou are certifying the prior notices were eccived and requesting the \$100 | |
| City Lakeland, | | | State | Zip Code 33810 | | etement be waived. | |
| | the segistered agent of the abo | ove named Jimited | | | accept the obliga | tions of Chapter 608. F.S. | |
| Signature of Registered Agent | Beith Li | the_ | | Date 10/83/9 | | | |
| REGISTERED AGENT MUST SIGNATION OF THE PROPERTY OF THE PROPERT | | | | | | | |
| | eet Addresses of Managing Mer Name of | mbers/Managers | | treet Address of Each | | <u>.</u> | |
| Titles | Managing Members/Manag | jers | | treet Address of Each aging Member/Manag | | City / State / Zip | |
| MGRM Keith L | _ittle | | 5138 Turtle D | Jove Trail | | Lakeland, Florida 33810 | |
| | | | ı | _ | | | |
| | REINSTAT | (EMEN) | 200 | 14 | 2C 11/03 | 00162451342 70901004019 **138.75 | |
| | 1 1 2011 1 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| filing this reinstater all fees owed by th as if made under | ement application the reason for the limited liability company have r oath. | or dissolution has be | been eliminated, the information indicated | e limited liability compa ed on this application is | pany name satisfies is true and accura | ed for in chapter 608, F.S. I further certify that when es the requirements of section 608.406, F.S., and that ate, and my signature shall have the same legal effect | |
| Managing Member/Mai | nager / E14 () | /i][[| <u>e</u> " | Date 10/2 | 1314 g | Daytime Phone # <u>863 - 868 - 736/</u> | |

Typed or printed name of signing Managing Member/Manager