

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 29 PM 12:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200136781052
10/09/08--01042--008 **238.75

200136781052
10/23/08--01031--015 **138.75
CR2004 (10/08)

DOCUMENT # L04000086664

1. Limited Liability Company's Name

Key Pointe Properties, LLC

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

1646 Emerson Street

Suite, Apt. #, etc.

A

City & State

Jacksonville

Zip

32207

Country

USA

3. Mailing Office Address

1646 Emerson Street

Suite, Apt. #, etc.

A

City & State

Jacksonville

Zip

32207

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/14/2004

6. FEI Number

20-1941362

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

Terry L. Byrd, Attorney at Law

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

1646 Emerson Street

Suite, Apt. #, Etc.

A

City

Jacksonville

State

FL

Zip Code

32207

☐ 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

Date 10/06/2008

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	Terry L. Byrd	1354 Woodward Ave	Jacksonville, FL 32207
MGRM	Connie J. Byrd	1354 Woodward Ave	Jacksonville, FL 32207

REINSTATEMENT 07-08

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

Connie J. Byrd

Date 10/6/2008

Daytime Phone # 904-728-1279

Typed or printed name of signing Managing Member/Manager Connie J. Byrd