


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1.05000000863 <b>1. Limited Liability Company's Name</b> Key Resources LLC <i>9/15/04</i>			
<b>2. Principal Office Address - No P.O. Box #</b> 5944 Coral Ridge Dr. Suite, Apt. #, etc. #135 City & State Coral Springs Zip 33076 Country USA		<b>3. Mailing Office Address</b> 5944 Coral Ridge Dr. Suite, Apt. #, etc. #135 City & State Coral Springs Zip 33076 Country USA	
<b>4. State/Country of Formation</b> FL/USA		<b>5. Date Organized or Qualified To Do Business in Florida</b> January 5, 2005	
<b>6. FEI Number</b> 043802771		<b>Applied For</b> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
<b>8. Name and Address of Current Registered Agent</b> Name William R. Blakely, III Street Address (P.O. Box Number is Not Acceptable) 5944 Coral Ridge Dr. Suite, Apt. #, Etc. #135 City Coral Springs State FL Zip Code 33076			
<input checked="" type="checkbox"/> 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.			
<b>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.</b> Signature of Registered Agent <i>William R. Blakely, III</i> Date 07/14/2009 REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Alexandra Taylor, M.D.	5944 Coral Ridge Dr. #135	Coral Springs, FL 33076
	William R. Blakely, III	5944 Coral Ridge Dr. #135	Coral Springs, FL 33076
<b>REINSTATEMENT</b> Without Penalty up 2006 - 2009 8/26			
<b>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.</b>			
Signature of Managing Member/Manager <i>Alexandra Taylor</i>		Date 07/14/2009	Daytime Phone # 954-600-3605
Typed or printed name of signing Managing Member/Manager Alexandra Taylor, M.D.			