

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOS-5504

1. Limited Liability Company's Name

Key Parenting & Design LLC

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

881 NW 33rd Ave

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip 33311

Country

U.S.

3. Mailing Office Address

2224 SW 68th Ave

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33023

Country

U.S.

4. State/Country of Formation

U.S.

5. Date Organized or Qualified
To Do Business in Florida

Jan 19th 2005

6. FEI Number

LO5000006504

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 Jerame Key

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

881 NW 33rd Ave

Suite, Apt. #, Etc.

City FT. LAUDERDALE

State FL

Zip Code 33311

☒ 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

Jerame Key

REGISTERED AGENT MUST SIGN

Date 11-2-09

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
<u>MGR</u>	<u>Jerame Key</u>	<u>881 NW 33rd Ave</u>	<u>FT. LAUDERDALE, FL 33311</u>

REINSTATEMENT

08-09

200103088822

11/24/09--01033--004 **277.50

500163570065

11/06/09--01045--006 **238.75

OK 11-30-09

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

Jerame Key

Date 11-2-09

Daytime Phone # 954-650-2011