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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

L. SELLERS
MAY 12 2009
EXAMINER

LIMITED LIABILITY REINSTATEMENT

CHILIAD REALTY, LLC

Certificate of Status	0
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Estimated Charge	$655.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000067166

1. Limited Liability Company's Name

CHILIAD REALTY, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
635 EAST GULF DRIVE		P.O. BOX 551	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
UNIT B-102			
City & State		City & State	
SANIBEL ISLAND, FL		SCRANTON, PA	
Zip	Country	Zip	Country
33957	USA	18501-0551	USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/07/2005

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: W. BRADLEY MUNROE, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 239 EAST VIRGINIA STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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: W. B[illegible] REGISTERED AGENT MUST SIGN Date: 5/8/09

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
MGRM	WILLIAM H. KEHRLI	1536 N WASHINGTON AVENUE	SCRANTON, PA 18509
MGRM	LINDA K. LYNETT	1601 MONROE AVENUE	DUNMORE, PA 18509

REINSTATEMENT 06/09

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 608.408, 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: Linda K. Lynett Date: 5/8/09 Daytime Phone #: 570.346.6846

Typed or printed name of signing Managing Member/Manager: Linda K. Lynett

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