

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000000074

1. Limited Liability Company's Name

TWO GUYS, LLC

KS

REINSTATEMENT

09-11

2. Principal Office Address - No P.O. Box # 18957 CLOUD LAKE CIRCLE		3. Mailing Office Address 18957 CLOUD LAKE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33496	Country US	Zip 33496	Country US

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 12/30/2005	
6. FEI Number 56-2548941	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name KEITH, HEATHER ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 1543 SW 18 TERRACE			
Suite, Apt. #, Etc.			
City FT. LAUDERDALE	State FL	Zip Code 33312	

E-mail Address:

hkeith@att.net

~~Alive561@msn.com~~

(To be used for future annual report notices)

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

Heather C Keith

Date 3-16-11

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	CLAY, RAYMOND L	18957 CLOUD LAKE CIRCLE	BOCA RATON FL 33496
MGRM	KEITH, ELIZABETH	P.O. BOX 1696	FREDERIKSTED VI 00841

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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Raymond L. Clay

Date 3-16-11

Daytime Phone # (954) 931 2878

Typed or printed name of signing Managing Member/Manager Raymond L. Clay