

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL 14 PM 12:31

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

Firm Mechanics, LLC

600158423746  
07/13/09--01066--007 \*\*416.25

CR2E041 (10/08)

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

7910 West Drive

3. Mailing Office Address

6538 Collins Ave

Suite, Apt. #, etc.

Apt 206

Suite, Apt. #, etc.

Suite 421

City & State

North Bay Village

City & State

Miami Beach

Zip

33141

Country

USA

Zip

33141

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

2/1/06

6. FEI Number

847701442

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

Mark Keats

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

7910 West Drive

Suite, Apt. #, Etc.

Apt 206

City

North Bay Village

State

FL

Zip Code

33141

☒ 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

*Mark Keats*

Date 7-10-09

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
MEM	Mickey Keats	6538 Collins Ave, Suite 421 Miami Beach, FL 33141	Miami Beach, FL 33141

REINSTATEMENT 2007-2009

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

*Mickey Keats*

Date 07/09/09

Daytime Phone # 609-892-2169

Typed or printed name of signing Managing Member/Manager

Mickey Keats