## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secretar	TMENT OF STATE  y of State  ORPORATIONS		SECRETARY DIVISION OF CO	OF STATE PROPATIONS
DOCUMENT # LOG 0000 49496  1. Limited Liability Company's Name					
My KEY REALTOR LC			200144306052 04/28/0901024002 **282.50 CR2E041 (12/07)		
2. Principal Office Address - No P.O. Box #					
3)5 LUGER CT Suite, Apt. #, etc.	325 LUGER CT Suite, Apt. #, etc.		4. State/Country of Formation		
Suite, Apr. #, etc.		5. Dato Organized or Qualified To Do Business in Florida			
City & State FL City & State			5715/2006		
WEST PALM BEACH	WEST PA	Country	<b>6.</b> FEI Numbe	er	Applied For Not Applicable
Zip Country USA	33415	Country USA	7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
MOISES ARIGL PIVERA			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.		
Street Address (P.O. Box Number is Not Acceptable)					
3)5 LUGER CT					
Guild, Apt. #, Etc.					
WEST PALM	BERCH	State Zip Code FL 334/5			. •
9. 1, being appointed the registered agent of the above	·		accept the obligati	ions of Chapter 608, F.S	
Signature of					
Registered Agent			Date		
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Street Address of Each Managing Members/ Managers Managing Member/ Managers				City	/ State / Zip
Office 325 146 File					
MNAGER ANIA FONSECA RIVERA				WEST PAIN	BEACH, FL 33415
			20 02/24/	<b>014430</b> 09010410	6052 01 **138.75
REINSTATEMENT _20	007-2009				
11. I certify that I am managing member/manager or filing this reinstatement application the reason for call fees owed by the limited liability company have as if made under oath.  Signature of	lissolution has been eliminal been paid. The information i	ed, the limited liability compa ndicated on this application is	iny name satisfies s true and accurat	s the requirements of sec te, and my signature sha	tion 608.406, F.S., and that II have the same legal effect
Managing Member/Manager	4 timese	Date	0/7/08 0	aytime Phone#	1) 503-1693

Typed or printed name of signing Managing Member/Manager



RECEIVED

09 APR 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 25, 2009

MY KEY REALTOR LC 325 LUGER CT W PALM BEACH, FL 33415

SUBJECT: MY KEY REALTOR LC Ref. Number: L06000049496

We have received your document for MY KEY REALTOR LC and check(s) totaling \$138.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$282.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 109A00006613

Tammy Hampton Regulatory Specialist II