

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LC6000108298

1. Limited Liability Company's Name
Perdido Lost Key, LLC

2. Principal Office Address - No P.O. Box #
8119 Lillian Highway

Suite, Apt. #, etc.

3. Mailing Office Address
3841 Keswick Rd.

Suite, Apt. #, etc.

City & State
Pensacola, FL

Zip
32506

Country
USA

City & State
La Canada, CA

Zip
91011

Country
USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida 11/07/2006

6. FEI Number
208207534

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

12-13 CR2E041 (1/11)

FILED
13 JUN 20 PM 2:14
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

8. Name and Address of Current Registered Agent

Name

Kerry Anne Schultz, Esquire

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

Fountain, Schultz & Associates, PL / 2045 Fountain Professional Ct.

Suite, Apt. #, Etc.

Suite A

City

Navarre

State

FL

Zip Code

32566

E-mail Address:

000248664280
06/06/13--01021--010 **377.50

KASchultz@FountainLaw.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

Date May 22, 2013

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 | Stephen Hall | 8119 Lillian Highway | Pensacola, FL 32506 |
| MGRM | Claudia Hall | 8119 Lillian Highway | Pensacola, FL 32506 |
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JUN 20 2013

S. PRATHER

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. 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

Date 5/22/13

Daytime Phone # 818-497-3402

Typed or printed name of signing Managing Member/Manager Claudia Hall