

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11 L06000122810

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600182477796
07/06/10--01061--010 **272.50
600182477796
06/22/10--01022--001 **243.75

CR2E041 (05/10)

DOCUMENT # L06000122810

1. Limited Liability Company's Name

Keyes Enterprises LLC 9/26/08

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

3231 NE 25 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3231 NE 25 Ave

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34479

Country

USA

Zip

34479

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

January 1, 2007

6. FEI Number

20-8421665

☒ 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

Steven O. Keyes

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

3231 NE 25 Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

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

Steven O. Keyes

REGISTERED AGENT MUST SIGN

Date

6/15/10

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	Steven O. Keyes MGRM	3231 NE 25 Ave	Ocala FL 34479

REINSTATEMENT 2008, 2009 & 2010

nc 7/9/10

11. E-mail Address: skyes2000@gmail.com

(To be used for future annual report notifications)

12. 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

Steven O. Keyes

Date

6/15/10

Daytime Phone # (352) 857-5551

Typed or printed name of signing Managing Member/Manager

Steven O. Keyes