## PLEASE READ DOOD 1228 THE FORM.

DOCUMENT # L06000122810  1. Limited Liability Company's Name  Keyes Enterprises LLC 9/26/08  2. Principal Office Address - No P.O. Box # 3231 NE25 Ave 3231 NE25 Ave 3231 NE25 Ave 5. Date Organized or Qualified To Do Business in Florida January 1, 200  City & State  Ocala, Florida  City & State  Ocala, Florida  City & State  Ocala, Florida  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	10 JUL -8 PM 1:55	
3. Maling Office Address - No P. C. Box # 3. Maling Office Address - Sulte, Apt #, etc.  City & State OCALA, Florida  Country 3.44779  Country 3.44779  B. Name and Address of Current Registered Agent  Name Steven Co. Box humber is Not Acceptable) 3.323 NE 25 Ave  Sirent Address (P. O. Box humber is Not Acceptable) 3.323 NE 25 Ave  Signature of Registered Agent  Note of Agents of Current Registered Most Signature of Registered Agent  Note of Agents of Current Registered Most Signature of Registered Agent  Note of Agents of Current Registered Most Signature of Registered Agent  Note of Agents of Current Registered Most Signature of Registered Agent  Note of Agents of Current Registered Most Signature of Registered Agent  Note of Agents of Current Registered Most Signature of Chapter 608, F.S.  Signature of Registered Agent  Note of Address of Each Monaging Members Managing Me	Limited Liability Company's Name		TALLAHASSEC, FEORIDA 600182477796 07/06/1001061010 **272.50 600182477796	
Ocala, Florida Ocala, Florida Ocala, Florida 329479 Country 34479 Country 34479 Country 34479 Country 34479 Country 34479 Country 3500 Additional For requirement Agent  8. Name and Address of Current Registered Agent Name Steven O. Keyes Street Address (P.O. Box Number is Not Acceptable) 323) NE 35 Ave Signature of Registered Agent REINSTATEMENT Registered Address Registered Address Registered Address Registered Address Address Address of Each Registered Address Addr	3231 NE25 Ave Suite, Apt. #, etc.	3231 NE 25 Ave Suite, Apt. #, etc.	4. State/Country of Formation  Florioc  5. Date Organized of Qualified  6. Date Organized of Qualified	
Street Address (P.O. Box Number is Not Acceptable) 323) NE 25 Ave Suite, Apt. #, Etc.  City Ocal a  9. 1, being appointed the registered agent of the above named 4 mited lidelility company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Registered Agent Must Sign  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members/Managers Street Address of Each Managing Members/Managers City/State/Zip  MCRM Steam O. Keyes MCRM 3231 NE 2.5 Ave - Octal FL 34479  REINSTATEMENT 2008, 2009 94-2000  REGISTERED 2008, 2009 94-2000  REGI	Ocala, Florida Zip Country	Ocala, Florida	6. FEI Number — 20-8421665 — Not Applicable 7. — 55 00 Author 1	
Signature of Registered Agent  10. Names and Street Addresses of Managing Members/Managers  Titles  Managing Members/Managers  Name of Managing Members/Managers  MGRM Steven O. Keyes MGRM  REINSTATEMENT 2008, 20094-2010  REINSTATEMENT 2008, 20094-2010  11. E-mail Address: Skeyes 3000 @gmail.com	Street Address (P.O. Box Number is Not Acceptable)  3231 NE 25  Suite, Apt. #, Etc.	Eyes Ave State Zip Code		
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip  MGRM Staten O. Keyes MGRM 3231 NE 25 Ave; Ocala FL 34479  REINSTATEMENT 2008, 2009 94-2000  11. E-mail Address: Skeyes 2000 agmail. Com	Signature of Registered Agent Date 6/15/10			
11. E-mail Address: Skeyes 2000 @gmail. com	Titles Name of Managing Members/ Manage	Street Address of Ea Managing Member/Mai	nager City / State / 2/p	
11. E-mail Address: Skeyes 3000 @gmail. Com  (To be used for furty a ground confidence)	REINSTATEMENT 2008, 2009+2010			
11. E-mail Address: Skeyes 8000 @gmail. Com			4 7/9/10	
12. I certify that I am managing member/manager or the receiver or trustees 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  Date  Date  Daytime Phone # 353 857-5551  Typed or printed name of signing Managing Member/Manager				