

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FIL. 100**

14 OCT -9 AM 8:16

SECRETARY OF STATE  
BAIL HASSER - MORON

1. Limited Liability Company's Name  
L07000029278  
KEYS COOLING, LLC

2. Principal Office Address - No P.O. Box #  
3000 VENETIAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address  
3000 VENETIAN DRIVE

Suite, Apt. #, etc.

City & State  
**KEY WEST, FL**

City & State  
**KEY WEST. FL**

Zip  
33040

Country  
USA

Zip  
33040

Country  
USA

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

3/16/07

6. FEI Number  
65-1299231

Applied For

Not Applicable
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7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a Certificate of Status**

Name  
CHRISTOPHER GAZZALE

Street Address (P.O. Box Number is Not Acceptable)  
3000 VENETIAN DRIVE

Suite, Apt. #, Etc.

City  
**KEY WEST**

State  
**FL**

Zip Code	33040
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600265283686  
10/09/14--01034--020 \*\*238.75

Signature of  
Registered Agent

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	CHRISTOPHER GAZZALE	3000 VENETIAN DR	KEY WEST FL 33040

# REINSTATEMENT

**.OCT 09 2014**

**R. HUNT**

11. E-mail Address: **RAB71441@aol.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of \_\_\_\_\_

Signature of  
Authorized Representative/Manager

Date 10/06/2014

Daytime Phone # 305-295-9515

Typed or printed name of signing Authorized Representative/Manager CHRISTOPHER GAZZALE