

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 OCT -6 AM 10:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L07000109823**

**1. Limited Liability Company's Name**

**MACKEY AND MACKEY REAL ESTATE INVESTM**

**MACKEY AND MACKEY REAL ESTATE INVESTMENTS, LLC**

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

**3224 34TH AVE NO**

**Suite, Apt. #, etc.**

**City & State**

**ST PETERSBURG, FL**

**Zip**

**33713**

**Country**

**USA**

**3. Mailing Office Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**4. State/Country of Formation  
FL/USA**

**5. Date Organized or Qualified  
To Do Business in Florida 10/29/2007**

**6. FEI Number  
26-0651206**

☒ **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 MACKEY**

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

**3224 34TH AVE NO**

**Suite, Apt. #, Etc.**

**City**

**ST PETERSBURG**

**State  
FL**

**Zip Code  
33713**

☒ **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.**

**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 Mackey*

**REGISTERED AGENT MUST SIGN**

**Date 9-28-09**

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGR	STEVEN MACKEY	3224 34TH AVE NO	ST PETERSBURG, FL 33713

**REINSTATEMENT without Penalty  
2008-2009 up 10/7/09**

**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 608.406, 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 Mackey*

**Date 9-28-09**

**Daytime Phone # 727 565 6241**

**Typed or printed name of signing Managing Member/Manager**

**STEVEN MACKEY**