

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -1 PM 2: 55

REINSTATEMENT 2009 MSK

DOCUMENT # L07000113222

1. Limited Liability Company's Name
ON The Level of the Florida Keys, LLC.

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>349 Avocado Ave</u>		3. Mailing Office Address <u>349 Avocado Ave</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <u>MARATHON, FL</u>		City & State <u>MARATHON, FL</u>	
Zip <u>33050</u>	Country <u>MONROE</u>	Zip <u>33050</u>	Country <u>MONROE</u>

4. State/Country of Formation <u>Florida, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>11/07/2007</u>	
6. FEI Number _____	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
MARK SANDUSKY, MGR

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

Suite, Apt. #, Etc.

City
MARATHON FL

State
FL

Zip Code
33050

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 Mark Sandusky, MGR Date 04/02/09

REGISTERED AGENT 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
			<u>000148973590</u> <u>04/07/09--01030--020 **277.50</u>
			<u>000148973590</u> <u>04/30/09--01005--015 **5.00</u>

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 Mark Sandusky, MGR Date 04/02/09 Daytime Phone (305) 394-0677

Typed or printed name of signing Managing Member/Manager MARK SANDUSKY, MGR