

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -6 AM 9:07

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000078572

1. Limited Liability Company's Name

Scale Key Clams LLC

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

385 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 179

Suite, Apt. #, etc.

City & State

Cedar Key FL

City & State

Cedar Key FL

Zip

32625

Country

US

Zip

32625

Country

US

11-12

CR2E041 (1/11)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

8/14/2008

6. FEI Number

263322814

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 Robert Witt

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

385 3rd Street

Suite, Apt. #, Etc.

City

Cedar Key

State

FL

Zip Code

32625

E-mail Address:

900243166989
12/31/12--01031--004 **238.75

(To be used for future annual report notices)

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

Robert Witt

Date JAN 17 13

REGISTERED AGENT MUST 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
MANAGER	Robert Witt	385 3rd Street	Cedar Key, FL 32625
			02/06/13--01021--027 **277.50 900243166989
			FEB 08 2013
			T. CAULEY

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Robert Witt

Date JAN 17 13

Daytime Phone # 352-212-2555

Typed or printed name of signing Managing Member/Manager

ROBERT WITT