

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 14 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000019602

1. Limited Liability Company's Name

KEETER FLORIDA PROPERTY, LLC

CR2E041 (1/14)

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

17502 Osprey Manor Way

Suite, Apt. #, etc.

3. Mailing Office Address

17502 Osprey Manor Way

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

275010428

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Lithia, FL

City & State

Lithia, FL

Zip

33547

Country

Zip

33547

Country

8. Name and Address of Current Registered Agent

Name

ALISON K. FIOLE

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

17502 Osprey Manor Way

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33547

800256768288

02/14/14--01023--003 **238.79

800256768288

02/14/14--01023--002 **138.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Alison K. Fiole

Date

2/10/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AL Mgr	Alison K. Fiole	17502 Osprey Manor Way	Lithia, FL 33547
Mgr	James W. Keeter	115 View Point Place	Winter Springs, FL 32708
Mgr	Thomas S. Keeter	28 Cubitt Bldg, 10 Gatiff Rd.	London, UK, SW1W8-8L
Mgr.	Robert A. Keeter	19 NW 22nd Drive	Gainesville, FL 32603
REINSTATEMENT			FEB 14 2014
			R. HUNT

11. E-mail Address: alifiole11@gmail.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

Authorized Representative/Manager

Alison K. Fiole

Date

2/10/14

Daytime Phone #

(813) 695-0365

Typed or printed name of signing Authorized Representative/Manager

Alison K. Fiole