

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

02 JUN -3 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L95000000101

1. Limited Liability Company's Name

PALMETTO, L.C.

REINSTATEMENT

2000-2002

2. Principal Office Address

2950 S. McCall Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, Florida

City & State

Zip

34224

Country

USA

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

1-09-95

6. FEI Number

65055566

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

Kerry H. Keathley

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

8045 Bay Pointe Drive

Suite, Apt. #, Etc.

City

Englewood

State  
FL

Zip Code  
34224

588885729135--8  
-06/10/02--0106--009  
\*\*\*250.00 \*\*\*250.00

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

Kerry H. Keathley

Date April 26, 2002

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
MGRM	Harold L. Keathley	8331 SE Royal Street	Hobe Sound, FL 33455
MGR	Kerry H. Keathley	8045 Bay Pointe Drive	Englewood, FL 34224

50.00-CF

200.00-Adm

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

Kerry H. Keathley

Date 4-26-02

Daytime Phone # 941-473-8686

Typed or printed name of signing Managing Member/Manager

Kerry H. Keathley, MGR

CR2E041 (9/01)