

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
02 JUN 17 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000458

1. Limited Liability Company's Name

KEY OCEAN HOLDINGS, L.C.

REINSTATEMENT

2000-
2002

2. Principal Office Address

600 Grape Tree Drive

Suite, Apt. #, etc.

10 FN

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

3. Mailing Office Address

50 W. Mashta Drive

Suite, Apt. #, etc.

Suite 6

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

4. State/Country of Formation

Florida, USA

**5. Date Organized or Qualified
To Do Business in Florida**

April 8, 1998

6. FEI Number

52-2095784

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code 32301

200005870042-6
-06/19/02--01089-001
****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

Brian Courtney
Asst. V. Pres.

Date

6/13/02

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	Beneceraff, Mercedes	50 W. Mashta Drive, Suite 6	Key Biscayne, Florida 33149

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

Date June 3, 2002

Daytime Phone # 305-960-2200

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)