

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -6 AM 9:40

**DOCUMENT #** L98000001927

9/29/00

**1. Limited Liability Company's Name**

Keystone Pavers, L.C.

**2. Principal Office Address**

315A Nesbit

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33951

Country

U.S.A.

**3. Mailing Office Address**

P.O. Box 511928

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33951

Country

U.S.A.

**4. State/Country of Formation**

Florida, U.S.A.

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

November, 1998

**6. FEI Number**

65-0868251

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

Sherwood E Aldrich

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

18170 Lake Worth Blvd

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

**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

*Sherwood E Aldrich*  
REGISTERED AGENT MUST SIGN

Date 03/01/01

**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
Mgm	Sherwood E. Aldrich	18170 Lake Worth Blvd	Port-Charlotte, FL 33948

**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

*Sherwood E Aldrich*

Date 03/01/01

Daytime Phone# (941) 505-8608

Typed or printed name of signing Managing Member/Manager