

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

00 OCT 27 PM 11:02

DOCUMENT #

L98-2953

1. Limited Liability Company's Name

SALLY O'BOYLE REALTY, L.C.

2. Principal Office Address

21 ASTER TERRACE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

MONROE

3. Mailing Office Address

1107 KEY PLAZA

Suite, Apt. #, etc.

#307

City & State

KEY WEST, FL

Zip

33040

Country

USA

4. State/Country of Formation

FLORIDA

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

11/18/98

6. FEI Number

65-0877836

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

SALLY O'BOYLE

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

21 ASTER TERRACE

Suite, Apt. #, Etc.

City

KEY WEST

600003456516-2

-11/07/00--01144--026

****205.00 ****205.00

State

FL

Zip Code

33040

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

Sally O'Boyle

REGISTERED AGENT MUST SIGN

Date 10/20/00

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
MEMBER	Sally O'Boyle	21 ASTER TERRACE	KEY WEST, FL 33040

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

Sally O'Boyle

Date 10/20/00

Daytime Phone # 305.296.9955

Typed or printed name of signing Managing Member/Manager SALLY O'BOYLE