

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

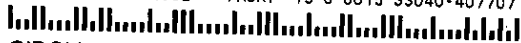
1. DOCUMENT # L98000002953

Name and Mailing Address

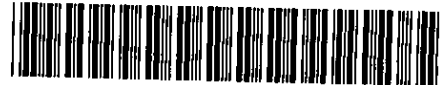
02 NOV -5 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001393 01 FP 0.352 **PRSR T5 0 0615 33040-407707



O'BOYLE REAL ESTATE, LC
1107 KEY PLAZA, SUITE #307
KEY WEST FL 33040-4077



2. New Mailing Address

City, State, Zip

Principal Place of Business

21 ASTER TERRACE
KEY WEST FL 33040

3. New Principal Place of Business Address

2926 FLAGLER AVE

City, State, Zip

KEY WEST, FL 33040

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/18/1998

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

O'BOYLE, SALLY
21 ASTER TERRACE
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

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

300008789803

11/04/02--01093--010 **150.00

City

FL

Zip Code

10. 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 10/30/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	O'BOYLE, SALLY	21 ASTER TERRACE 2926 FLAGLER AVE	KEY WEST FL 33040

REINSTATEMENT 2002

12. 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 10/30/02

Daytime Phone # 305 246 9955

Typed or printed name of signing Managing Member/Manager