

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

00 DEC 29 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000005828**

1. Limited Liability Company's Name

GOLD KEY HOLDINGS, LLC

REINSTATEMENT *2000*

2. Principal Office Address

23 BRADLEY CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL

City & State

Zip

32327

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

SEPT-99

6. FEI Number

☒ 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

WILLIAM WATERS

800003535648-6

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

2155 DELTA BLVD.

-01/12/01--01055--005

******150.00 ****150.00**

Suite, Apt. #, Etc.

110

City

TALLAHASSEE

State

FL

Zip Code

32303

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

William Waters

REGISTERED AGENT MUST SIGN

Date

12/29/00

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
P.	JEFFERY A. DYKES	23 BRADLEY CT.	CRAWFORDVILLE, FL 32327
VP	KELLY J. DYKES	SAME	SAME

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

Jeffery A. Dykes

Date

12/29/00

Daytime Phone #

850-567-2791

Typed or printed name of signing Managing Member/Manager

JEFFERY A. DYKES