

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L99000005828**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC 30 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000005828**

1. Limited Liability Company's Name

**GOLD KEY HOLDINGS, LLC**

2. Principal Office Address

**23 Bradley Ct**  
Suite, Apt. #, etc.

3. Mailing Office Address

**23 Bradley Ct**  
Suite, Apt. #, etc.

4. State/Country of Formation

**Florida / USA**

5. Date Organized or Qualified  
To Do Business in Florida

**11-01-02**

6. FEI Number

**41-2161622**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

**Crawfordville FL**

City & State

**Crawfordville FL**

Zip

**32327**

Country

**USA**

Zip

**32327**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**Jeff Dykes**

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

**23 Bradley Ct**

Suite, Apt. #, Etc.

City

**Crawfordville FL**

State

**FL**

Zip Code

**32327**

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

**Jeff Dykes**

Date **12-30-04**

REGISTERED AGENT MUST SIGN

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
President	Jeff Dykes	23 Bradley Ct	Crawfordville FL 32327
Vice Pres.	Kelly Dykes	23 Bradley Ct	Crawfordville FL 32327

100044233261  
01/06/05--01048--005 \*\*50.00

**REINSTATEMENT 2004**

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

**Kelly Dykes**

Date **12-30-04**

Daytime Phone # **850-926-1020**

Typed or printed name of signing Managing Member/Manager

**Kelly Dykes**

CR2E041 (10/02)

**L99000005828**

To whom it may concern.

I did not receive +

Annual Report.

Thank you

*[Signature]*

*[Signature]*

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