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M00000002469

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

ORIGINAL DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 11 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000002469

Name and Mailing Address

0005798 01 FP 0.352 **PRSRT T8 0 0615 34223-926390

CASEY KEY LIMITED, L.L.C.
6790 MANASOTA KEY RD.
ENGLEWOOD FL 34223-9263

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: MI

5. Date Organized or Qualified To Do Business in Florida: 12/05/2000

Principal Place of Business: 6790 MANASOTA KEY RD. ENGLEWOOD FL 34223

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-0854022 — 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

GORDON, SCOTT E
333 TAMIAMI TRAIL SOUTH, STE. 199
VENICE FL 34285

9. Name and Address of New Registered Agent

Name: SCOTT E. GORDON, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 240 S. PINEAPPLE AVE.

City: SARASOTA, FL 34239 — State: 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: Scott E. Gordon — Date: 11/21/02

REGISTERED AGENT MUST SIGN

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	SCHOENHERR, JEFFREY	6790 MANASOTA KEY ROAD	ENGLEWOOD FL 34223

REINSTATEMENT 2002

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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: Jeffrey Schoenherr, Manager — Date: 11-19-02 — Daytime Phone #: 941-473-7922

Typed or printed name of signing Managing Member/Manager