

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR  
REINSTATEMENT



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M00000002469

FILED

1. DOCUMENT # M00000002469  
Name and Mailing Address

04 FEB -4 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



2. New Mailing Address		4. State/Country of Formation MI	
City, State, Zip		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 <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent GORDON, SCOTT E 240 S. PINEAPPLE AVE SARASOTA FL 34239	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500028215075 02/04/04--01052--009 **200.00 City FL Zip Code
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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 *[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 1-8-04

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

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 and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

*[Signature]* **SIGNATURE REQUIRED**  
Date 10-22-03

Daytime Phone #

941-473-7922

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)