

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

06 DEC 12 PH 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000002469

1. Limited Liability Company's Name
 CASEY KEY LIMITED, L.L.C.
 6790 MANASOTA KEY RD.
 ENGLEWOOD FL 34223

2. Principal Office Address 6790 MANASOTA KEY RD. Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 1147 Suite, Apt. #, etc.	
City & State ENGLEWOOD FL		City & State NOKOMIS FL	
Zip 34223	Country	Zip 34274	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 65-0854022	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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

Name: JEFFREY SCHOENHERR

Street Address (P.O. Box Number is Not Acceptable): 6790 MANASOTA KEY RD.

Suite, Apt. #, Etc.

City: ENGLEWOOD State: FL Zip Code: 34223

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: *Jeffrey Schoenherr* Date: 11-14-06

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
M&M	JEFFREY SCHOENHERR	PO BOX 1147	NOKOMIS FL 34274
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			2005 2006

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: *Jeffrey Schoenherr* Date: 11-14-06 Daytime Phone: 941-321-7503

Typed or printed name of signing Managing Member/Manager: JEFFREY SCHOENHERR