

M07000002623

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
KEY WEST BIGHT FUEL OPERATIONS LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M07000002623			
1. Limited Liability Company's Name KEY WEST BIGHT FUEL OPERATIONS LLC			
2. Principal Office Address - No P.O. Box # 951 CAROLINE STREET		3. Mailing Office Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State KEY WEST FL		City & State	
ZIP 33040	Country	ZIP	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 05/04/2007	
6. FBI Number 208949169		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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suits, Apt. #, Etc. City PLANTATION State FL Zip Code 33324		E-mail Address: clawton@fortress.com (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 809, F.S. Signature of Registered Agent Connie Bryan Date 3/13/2012 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	KEY WEST BIGHT HOLDINGS LLC	c/o The Cortex Companies	TAMPA FL 33619 US
REINSTATEMENT 2010 - 12			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. Further, I certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 4.817-155, F.S.			
Signature of Managing Member/Manager		Date 3/12/12	Daytime Phone # 212-798-6100
Typed or printed name of signing Managing Member/Manager Mary K. Fursten, Chief Financial Officer			