

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

DOCUMENT # M98000000776

1. Limited Liability Company's Name

KEYPLAN LLC

REINSTATEMENT 2000

2. Principal Office Address

311 BELLEAIR DR. N.E.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL.

City & State

Zip

33704

Country

USA

4. State/Country of Formation

ILLINOIS - USA

5. Date Organized or Qualified  
To Do Business in Florida

8-1-98

6. FEI Number

36-4082666

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

MICHAEL T. CROSWELL

300003456243-6

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

311 BELLEAIR DR. N.E.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33704

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

*Michael T. Crosswell*

Date 10-23-00

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
PRES.	MICHAEL T. CROSWELL	311 BELLEAIR DR. N.E.	ST. PETERSBURG FL. 33704
CEO	CAROLINE J. CROSWELL	311 BELLEAIR DR. N.E.	ST. PETERSBURG FL. 33704

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

*Michael T. Crosswell*

Date 10-23-00 Daytime Phone # 727-827-1919

Typed or printed name of signing Managing Member/Manager

MICHAEL T. CROSWELL

CR2E041 (9/00)