

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

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DOCUMENT # M99000000092

1. Limited Liability Company's Name

Key West Acquisitions, L.L.C.

2. Principal Office Address

400 Binks Forest Drive

Suite, Apt. #, etc.

City & State

Wellington Florida

Zip

33414

Country

USA

3. Mailing Office Address

400 Binks Forest Drive

Suite, Apt. #, etc.

City & State

Wellington Florida

Zip

33414

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

Michigan

**5. Date Organized or Qualified
To Do Business in Florida**

1/19/99

6. FEI Number

38-3207915

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

Weiner & Aronson, P.A.

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

102 North Swinton Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

500003465085-8

11/16/00 01001 010

****150.00 ****150.00

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

Date

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
MGRM	V. Robert Colton	4373 Creekview	W. Bloomfield, MI 48322
MGRM	Theodore G. Rekstis	400 Binks Forest Drive	Wellington, FL 33414
MGRM	P. David Hickey	400 Binks Forest Drive	Wellington, FL 33414

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

Date

10-18-2000

Daytime Phone #

561-795-0595

Typed or printed name of signing Managing Member/Manager

P. David Hickey