

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
Non-Profit Corporation

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08000004002

1. Limited Liability Company's Name

keystone air estates property owners association

2. Principal Office Address - No P.O. Box #

8325 sr 100

Suite, Apt. #, etc.

City & State

MELROSE FL

Zip

32666

Country

united states

3. Mailing Office Address

8325 SR 100

Suite, Apt. #, etc.

City & State

MELROSE FL

Zip

32666

Country

united states

4. State/Country of Formation

FL. / united states

5. Date Organized or Qualified

To Do Business in Florida 2008

6. FEI Number

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

ROBERT CHAMBERLAIN

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

8325 S.R. 100

Suite, Apt. #, Etc.

City

MELROSE FL

State

FL

Zip Code

32666

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-20-09

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 |
|-----------|--------------------------------------|---------------------------------------------------|--------------------|
| PRESIDENT | ROBERT M. CHAMBERLAIN | 8325 SR 100 | MELROSE FL, 32666 |
| TREASURER | THOMAS R. CHAMBERLAIN | 4225 S.W. 151 TERR. | MIRAMAR FL, 33027 |
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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

[Signature]

Date 4-20-09

Daytime Phone # 352-473-9403

Typed or printed name of signing Managing Member/Manager

ROBERT CHAMBERLAIN