

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009-2014

**FILED**

14 JUL 21 AM 8:07

DOCUMENT # 747629

1 Corporation Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Key Townhouse Condominium, Inc.**

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

230 Sunrise Drive

Suite, Apt. #, etc.

Unit 5

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

230 Sunrise Drive

Suite, Apt. #, etc.

Unit 5

City & State

Key Biscayne, FL

Zip

33149

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/14/79

5. FEI Number

650908264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
No

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrick Gallagher

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

230 Sunrise Drive

Suite, Apt. #, etc.

Unit 5

City

Key Biscayne

State

FL

Zip Code

33149

400262525404  
07/21/14--01050--024 \*\*542.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date July 18/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Patrick Gallagher	230 Sunrise Drive, Unit 5	Key Biscayne, FL 33149
TD	Vivian Gallagher	230 Sunrise Drive, Unit 6	Key Biscayne, FL 33149
SD	Laura Morgan	230 Sunrise Drive, Unit 8	Key Biscayne, FL 33149

10. E-mail Address: patrickgallagher2@mac.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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 s.817.155, F.S.

SIGNATURE:

Director

Date July 18/14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #