

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1996 NOV 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769961

1. Corporation Name
KEY WEST PROFESSIONAL PLAZA, INC.

Principal Place of Business Mailing Address
1111 12th Street same
Key West, FL 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		August 23, 1983	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2647226	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐					

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P D	Roberto Sanchez	780 NW Lejune Rd., #616	Miami, FL 33126
VP D	Robin Lockwood, MD	1111 12th St., #112	Key West, FL 33040
ST D	John Calleja, MD	1111 12th St., #208	Key West, FL 33040

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-11/22/96-01001-015
***910.00 ***910.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name James T. Hendrick, Esq.	
		Street Address (P.O. Box Number is Not Acceptable) 317 Whitehead St.	
		Suite, Apt. #, Etc.	
		City Key West	State FL
		Zip Code 33040	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *[Signature]* Date 11/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *[Signature]* 11/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #