

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 FEB -8 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100089293571  
02/27/07--01006--028 \*\*1200.00

**REINSTATEMENT**

DOCUMENT # 569181

1. Corporation Name

FLORIDA KEYS ALUMINUM INC

11

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

94804 OVERSEAS HWY

3. Mailing Office Address

PO Box 288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo FL

City & State

TAVERNIER FL

Zip

33037

Country

Zip

33070

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/23/87

5. FEI Number

592823562

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROBERT DESANTIS

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

94804 US1

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037



The 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 reinstatement  
fee be waived.

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

Robert Desantis

Date

2/6/07

REGISTERED AGENT MUST SIGN

**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
P	ROBERT DESANTIS	94804 US1	Key Largo FL 33037

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Robert Desantis

ROBERT DESANTIS

Date

2/6/07

305 8522568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 393 6853