

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001587

1. Corporation Name

PEN KEY CLUB, INC.

Principal Place of Business

M.M. 83.1 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 1089
ISLAMORADA FL 33036

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

5. FEI Number

59-0855006

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------------|
| TD | MEEKS, KENNETH | PO BOX 209 | ISLAMORADA FL 33036 |
| SD | REESE, GILBERT | PO BOX 172 | ISLAMORADA FL 33036 |
| DV | RODGERS, RODDY | 83200 OVERSEAS HWY | ISLAMORADA FL 33036 |
| PD | REDDIN, PETER | PO BOX 309 | ISLAMORADA FL 33036 |
| D | BYRD, GRADY | PO BOX 1766 | ISLAMORADA FL 33036 |
| D | MASSINGALE Cheryl | PO Box 1495 | ISLAMORADA, FL. 33036 |

8. Name and Address of Current Registered Agent

MEEKS, KENNETH
83200 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600023805866
10/15/03--01023--016 **175.00

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Ken Meeks
SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10/10/03

11. I certify that I am an officer or director of 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 under section 119.07(3)(i), 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:

Ken Meeks
SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 305-664-4103
Date Daytime Phone #

CR20040 (7/03)