

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 12 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V24679

1. Corporation Name

Teaser's of Key West, Inc.

400007834114--2
-09/18/02--01067--026
*****8.75 *****8.75

REINSTATEMENT 97-02

2. Principal Office Address

1029 Truman Avenue

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

324 Bell Circle

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

Zip

32444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/92

5. FEI Number

593134315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mr. Louis Escuela

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

324 Bell Circle

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

Louis Escuela

REGISTERED AGENT MUST SIGN

Date *Aug 30, 2002*

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	Louis Escuela	324 Bell Circle	Lynn Haven, FL 32444

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 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:

Louis Escuela

LOUIS ESCUELA

AUG 26, 2002

850-234-4276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

7/31/02