## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ALL KEYS, INC.

Principal Place of Business

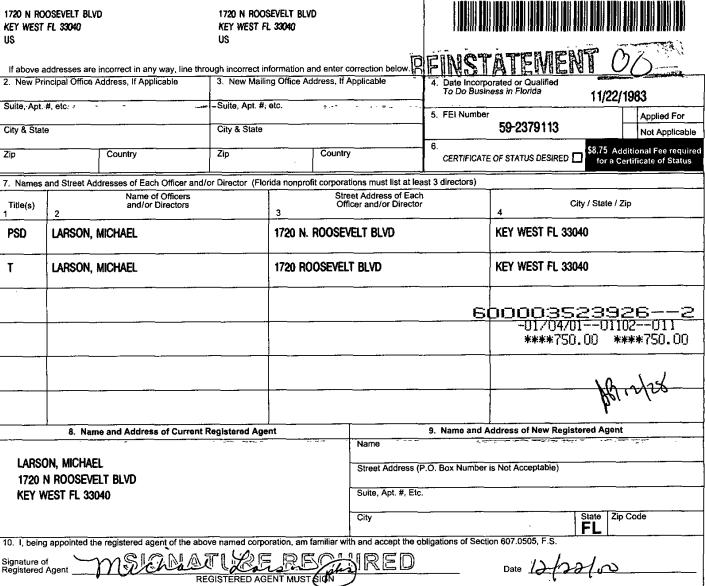
1720 N ROOSEVELT BLVD KEY WEST FL 33040

SIGNATURE:

Mailing Address

1720 N ROOSEVELT BLVD KEY WEST FL 33040

FILED SECRETARY OF STATE HVISION OF CORPORATIONS 00 DEC 27 AM 10: 16



11. Legrify 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 filling 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.

Michael Larson

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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