

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 12 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727404

1. Corporation Name

KEYSTONE HARBOR CLUB COMDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13155 IXORA CT
MIAMI FL 33181
US

13155 IXORA CT
MIAMI FL 33181
US

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

2. New Principal Office Address, If Applicable

KeyStone Harbor Club Comdo As
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1973

5. FEI Number

59-1542964

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
D	GRAHAM, JOHN JAMES DEVANEY	13155 IXORA CT. #202 512	N. MIAMI FL 33181
PD	ANDERSON, JOHN	13155 IXORA CT. #110	N. MIAMI FL 33181
SD	TRACER, BERBATA JOHN KATTELMAN	13155 IXORA CT #806 1104	N. MIAMI FL
BVP	IZZI, RICHARD LORRAINE GRIFFO	13155 IXORA CT. #802 311	N. MIAMI FL 33181
TD	PARKER, ADRIAN	13155 IXORA CT #804	N. MIAMI FL 33181
			600008024256--7 -09/25/02--01080--023 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE
STE 100
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name Tony BROCATI
Street Address (P.O. Box Number is Not Acceptable)
13155 IXORA COURT
Suite, Apt. #, Etc.
OFFICE
City N. MIAMI
State FL Zip Code 33181

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
REGISTERED AGENT MUST SIGN

Date

7-21-09

11. 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)(l), 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:

John Katteelman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #