

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 MAR 10 AM 7:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000000776

1. Corporation Name

BOYS & GIRLS CLUBS OF THE KEYS AREA, INC.

Principal Place of Business

Mailing Address

1400 B UNITED ST
B
KEY WEST FL 33040
US

1400 B UNITED ST
B
KEY WEST FL 33040
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1995

5. FEI Number

65-0678071

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ARTMAN, GREG	1547 FIFTH STREET	KEY WEST FL 33040
VD	LARABEE, ERIN <i>Shawn Smith</i>	402 APPLEROUTH LANE <i>13 BLUEWATER DR.</i>	KEY WEST FL 33040
VD	DILLON, BUZZ	22628 LA FITTE DRIVE	CUDJOE KEY FL 33042
D	NESBIT, ARIANNA N <i>Daniel R. Dombroski</i>	13 RIVIERA DRIVE <i>29135 Camellia Lane</i>	KEY WEST FL 33040 <i>Big Pine Key, Fl. 33043</i>
			<i>400028530974</i> <i>02/10/04--01079--008 **236.25</i>
			<i>400028530974</i> <i>03/10/04--01081--008 **61.25</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NESBIT, ARIANNA N
13 RIVIERA DRIVE
KEY WEST FL 33040

Name

Daniel R. Dombroski

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

29135 Camellia Lane

Suite, Apt. #, Etc.

City

Big Pine Key

State

FL

Zip Code

33043

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/3/04

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)(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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/04

Daytime Phone #

305-292-7116