PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED			
DOCUMENT # K66671			II .	°R 25 AM 8:		
1. Corporation Name Ovic-Key Inc.			JEONETART OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address	3. Mailing Office Address		400017316094 04/29/0301068015 **758.75			
22 Constitution DR. Suite, Apt. #, etc.	Suite, Apt. #, etc.					
Suite, Apt. #, etc.	duite, Apr. #, etc.			orated or Qualified		
City & State	City & State		5. FEI Numbe		Eb.20,	1889 pplied For
F1.	Zip	T.G		65-021867	$ q\rangle$	ot Applicable
241/2-7310 Collier	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED	S875 Additions	11 Feo cequired 10 of Status
7. Name and Address of Current Registered Agent Name Gale McCain—Brooks Street Address (P.O. Box Number is Not Acceptable) 22 Constitution Dr. Suite, Apt. #, Etc. City Name and Address of Current Registered Agent Street Agent State Zip Code FL 34112-7340						
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 Date 4/21/03 REGISTERED AGENT MUST SIGN						CRSF0811000
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officer and/or Directors Officer and/or Director Officer and/or Directo						
Officers and/or Directors Officer and/or Director						2-7310
Y" Thomas Special	124	5 Island Rd.	Apt.6	Riviera	Beach F	1.33401
V #2 Keith McCain		22 Constitution Dr.		4.5	F1.3411	ll l
g Keith McCain	• •		١.		n se	7.
						1
					_	
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: SIGNATURE: Cale MCaiz Brocks 4/21/03 239-774-2940 Daytime Phone #						

Dear Mr. Williams, 22 Constitution Dr.

Sibject: Poickey Juc. Rofo Kulori Naples Fr. 34112-7310

Thour not received any correspondence from the

It of Fl. for Quickey Juc. in past several years

James E. Brooks; tresident, of Guickey has passed away,

Now that his estate is settled, I, as now president

descript to received the Quickay Inc. as an

entire composition. I am emboring my check

for 750. To the Dept. of State for this rainstate mout.

18.75 for Cest. Israes Sincercly yours.

P.S. Please Note: State McCain-Brooks President

New 3iji code. Ovic-Key Para.