

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 259794

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: KEY HAVEN UTILITY CORPORATION

## Current Principal Place of Business:

1104 TRUMAN AVE  
PO BOX 2067  
KEY WEST, FL 33040 US

## New Principal Place of Business:

1104 TRUMAN AVE  
KEY WEST, FL 33040 US

## Current Mailing Address:

PO BOX 2067  
PO BOX 2067  
KEY WEST, FL 33045 US

## New Mailing Address:

1104TRUMAN AVENUE  
KEY WEST, FL 33040 US

FEI Number: 59-1730671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUJAN, WAYNE A.  
1104 TRUMAN AVENUE  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

WAYNE, A. WAYNE  
1104 TRUMAN AVENUE  
KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: A. WAYNE LUJAN

04/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: LUJAN, BETTY,  
Address: 1104 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL

Title: PD ( ) Delete  
Name: LUJAN, WAYNE A.,  
Address: 1104 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: LUJAN, BETTY  
Address: 1104 TRUMAN AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY LUJAN

SD

04/13/2005

Electronic Signature of Signing Officer or Director

Date