

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 12 AM 9:03

DOCUMENT # 429801

1. Corporation Name

Key Sargent Inc.

Principal Place of Business

Mailing Address

206 SE 44th Terrace Ocala, FL 34471

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

1972

5. FEI Number

59-1584620

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Key Sargent	206 SE 44th Terrace	Ocala, FL 34471
Sec	Carol Blaxeman	206 SE 44th Terrace	Ocala, FL 34471

300003018743--6
 -10/19/99--01073--030
 ***1387.50 ***1387.50

DR 10/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Key Sargent
 206 SE 44th Terrace
 Ocala, FL 34471

Name

Key Sargent

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

206 SE 44th Terrace

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/99

Date

352-694-1577

Daytime Phone #

CR-2001 (12/98)

Key Sargent Inc.

◆◆◆
206 SE 44th Terrace ◆ Ocala, FL 34471
Phone 352-694-1577 ◆ Fax 352-694-1577

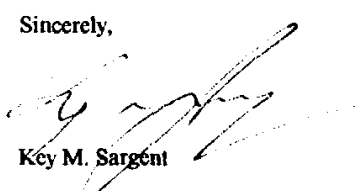
September 26, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Milligan:

Please find enclosed the application for reinstatement of the corporation with the fee quoted to me. I had cancer some years back and due to the chemotherapy I am in constant pain. I have been dependent on my employees to pay bills, and I know on at least two occasions that I have signed checks that were never debited from my account. I did not know the company was not incorporated until I was told so last week by another state employee, or I would have reinstated the corporation a long time ago. Thank you.

Sincerely,


Key M. Sargent