

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 631087

1. Corporation Name

FLORIDA KEYS TRUSS, INC.

Principal Place of Business

10651 7TH AVE GULF
MARATHON FL 33050
US

Mailing Address

6801 OVERSEAS HWY
MARATHON FL 33050
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

10651 7th Ave, Gulf
MARATHON, FL
33050 USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1979

5. FEI Number

59-1895044

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
1	2	3	4
PT	SCHINDLER, MARVIN	373 STIRRUP KEY BLVD.	MARATHON FL
SVP	SCHINDLER, GAIL	373 STIRRUP KEY BLVD.	MARATHON FL

200002799322-7
-03/09/99--01055--021
***900.00 ***900.00

8. Name and Address of Current Registered Agent

KIRWAN, DAVID P.
6803 OVERSEAS HIGHWAY
MARATHON FL 33050

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

David P. Kirwan

REGISTERED AGENT MUST SIGN

Date: 2/24/99

11. This corporation owes or has paid 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:

David P. Kirwan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (305) 743 5332
Date Daytime Phone #

CR2E040 (9/98)