

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 687524

1. Entity Name  
KEY WEST TRI CORP.



FILED

06 JAN 19 AM 2:51

KEY WEST, FLORIDA

Principal Place of Business  
828 WHITE STREET  
KEY WEST, FL 33040

Mailing Address  
901 EISENHOWER DRIVE  
KEY WEST, FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

REIN-P

CR2E098 (11/05)

4. FEI Number  
59-2037048

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEARCHY, JEFF  
485 KEY HAVEN TERRACE Road  
KEY WEST, FL 33040

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SEARCHY, JEFF  
STREET ADDRESS 828 WHITE STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VD ☐ Delete  
NAME BATTY, PETER  
STREET ADDRESS 828 WHITE STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE STD ☐ Delete  
NAME LOULAN, JOHN  
STREET ADDRESS 828 WHITE STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 600065190316  
STREET ADDRESS 02/06/06--01010---005 \*\*008.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 305  
292-8000

Date

Daytime Phone #

REINSTATEMENT

M.W.