

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

687819

1. Corporation Name

Keystone Partner Enterprises, Inc.
2100 NE 123rd Street
North Miami, FL 33181-2902

2. Principal Office Address

2100 NE 123 Street
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

North Miami, FL

Zip

Country

33181-2902 USA

City & State

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-204 6367

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Raul M. Saenz

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

8180 NW 36th Street Suite 100

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33166

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

Raul M. Saenz

REGISTERED AGENT MUST SIGN

Date 4-21-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	Allison Cargill	14151 SW 26th Street	Davie, FL 33325
P	Kathleen Taylor	2100 NE 123rd Street	North Miami, FL 33181

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Taylor President

Date

Daytime Phone #

4/21/04

305-843-4311