

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 93-97 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 11 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717878
1. Corporation Name
Key West Power Boat Race Association

Principal Place of Business: 1121 Margaret Street, Key West, FL 33040
Mailing Address: P.O. Box 1298, Key West, FL 33040

000002266900--6
-08/14/97--01052--006
****481.25 ****481.25

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

2. New Principal Office Address, If Applicable SAME		3. New Mailing Office Address, If Applicable SAME		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	SHARAN L. KIMES	36 PALMETTO DRIVE	Key West FL 33040
V. PRESIDENT	JOHN PETERSON	2292 TEACH LAKE	CUO VOR Key FL 33040
TREASURER	JAMES R. KIMES	36 PALMETTO DRIVE	Key West FL 33040
SECRETARY	WILLIAM LE COMPTON	EAGLE AVE	Key West FL 33040
REINSTATEMENT 93-97			

8. Name and Address of Current Registered Agent J M KIMES 1121 MARGARET ST. KEY WEST FL 33040		9. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:	
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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: *James R. Kimes* REGISTERED AGENT MUST SIGN Date: 8/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: JAMES R. KIMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/97 305 294-1271
Date Daytime Phone #

CFR2040 (1/2/96)