

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

00 JAN -6 AM 9:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **717878**

1. Corporation Name

**KEY WEST POWER BOAT RACE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1121 MARGARET STREET  
 KEY WEST FL 33040

P.O. BOX 1298  
 KEY WEST FL 33040



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1970	
City & State		City & State		5. FEI Number	
Zip		Country		65-0205527	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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	4 City / State / Zip
DP	KIMES, SHARON L	36 PALMETTO DRIVE	KEY WEST FL 33040
DT	PETERSON, JOHN	22926 TEACH LANE	CUDJOE KEY FL 33042
DVP	KIMES, JAMES	36 PALMETTO DRIVE	KEY WEST FL 33040
DS	LE GOUMPTTE, WILLIAM	EAGLE AVE.	KEY WEST FL 33040

**REINSTATEMENT 99 TS**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KIMES, JIM 1121 MARGARET STREET KEY WEST FL 33040		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		300003096679--1 01/12/00 01095 002 ***236.25 ***236.25	
		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: *[Signature]* **SIGNATURE REQUIRED** Date: 12/28/99  
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** JAMES R. KIMES Date: 12/28/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 305-294-1271