PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 29 AM 9:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 744936

REINSTATEMENT 03-04

1. Corporation Name
The Key Player, Inc.

2. Principal Office Address	3. Mailing Office Address
178 Plantation Ave	P.O. Box 1338
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavernier, FL	City & State: Tavernier, FL
Zip: 33070 Country: USA	Zip: 33070 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 11-15-1978

5. FEI Number 591843231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Joe MiKlas

Street Address (P.O. Box Number is Not Acceptable): 88765 O/S Hwy

800027890248
01/29/04--01054--002 **308.25

Suite, Apt. #, Etc.:

City: Tavernier, Fl | State: FL | Zip Code: 33070

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: Joe Miklas Date: 26 Jan 04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Patrice Messina	178 Plantation Ave	Tavernier, Fl. 33070
T	Debora O'Cathey	109 GumboLimbo Rd	Islamorada, Fl 33036
S	Tonia Sledd	62 Sunset Rd	Key Largo, Fl. 33037
V	David Schneider	105 Lake Rd	Tavernier, Fl. 33070
D	Deborah Miller	92157 O/s Hwy	Tavernier, Fl. 33070
D	Traci Rees	208 Dogwood Lane	Islamorada, Fl 33036

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: Debora L. O'Cathey Debora O'Cathey 1-25-04 305-853-0651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #