

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 20 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757064**

1. Corporation Name

KEYS JEWISH COMMUNITY CENTER, INC.

200003195072--6
-04/04/00--01060--017
****358.50 ****358.50

2. Principal Office Address

93500 OVERSEAS HWY

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1332

Suite, Apt. #, etc.

City & State

TAVERNIER, FL

Zip

Country

33070

U.S.

City & State

TAVERNIER, FL

Zip

Country

33070

U.S.

REINSTATEMENT

98.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/81

5. FEI Number

59-0684072

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

JAMES BORUSZAK

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

88181 OVERSEAS HWY, C32

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/9/00

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
PD	BORUSZAK, JAMES	88181 OVERSEAS HWY C32	ISLAMORADA, FL 33036
V.D	POLLACK, JOEL	107 LONG BEN DRIVE	KEY LARGO, FL 33037
TD	POLLACK, LINDA	107 LONG BEN DRIVE	KEY LARGO, FL 33037
SD	GORDON, SUSAN	1 HARBOR SHORE ROAD	KEY LARGO, FL 33037
KD	KVALICK, BILL	62 No. BAY HARBOR Dr	KEY LARGO, FL 33037

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/00

Daytime Phone #

(305) 852-8515