


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 DIVISION OF CORPORATIONS  
 03 AUG 29 PM 2:00

**CORPORATION REINSTATEMENT**



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

**DOCUMENT # F12581**

1. Corporation Name  
 CAN'T MISS OF KEY WEST, INC.  
 729 CATHERINE STREET  
 KEY WEST, FL 33040

**REINSTATEMENT 01-03**

2. Principal Office Address 729 CATHERINE STREET		3. Mailing Office Address 317 WHITEHEAD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY WEST, FL		City & State KEY WEST, FL	
Zip 33040	Country USA	Zip 33040	Country USA

8/13/03 01049 002 \$1,067.9

4. Date Incorporated or Qualified To Do Business in Florida 12/23/1980	
5. FEI Number 592054904	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
 HUGH J. MORGAN, ESQ.

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

Suite, Apt. #, Etc.

City  
 KEY WEST

State  
 FL

Zip Code  
 33040

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 *Hugh J. Morgan* Date **8-28-03**  
 HUGH J. MORGAN REGISTERED AGENT MUST SIGN

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	JOHN F. BLACKWELL, III	729 CATHERINE STREET	KEY WEST, FL 33040
VST	CAROL BLACKWELL	729 CATHERINE STREET	KEY WEST, FL 33040

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)(f), 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: *John F. Blackwell III* Date **8/6/03** Daytime Phone # **305-296-3751**  
 JOHN F. BLACKWELL, III

*John F. Blackwell III* 8/27/03

CP2E081 (1/02)