

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

**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

**REINSTATEMENT** 01-03

**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** ☒ <sup>(2)</sup>

\$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*

HUGH J. MORGAN REGISTERED AGENT MUST SIGN

Date **8-28-03**

**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*  
JOHN F. BLACKWELL, III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/03 305-2963751**  
Date Daytime Phone #

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

03 AUG 29 PM 2:00  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

CP2E081 (1/02)