PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 27 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96096

1. Corporation Name
Florida Keys Elevator Sales & Service Inc

2. Principal Office Address	3. Mailing Office Address
163 S CoCo Plum Road	163 S CoCo Plum Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo Fl	City & State: Key Largo Fl
Zip: 33037 Country: USA	Zip: 33037 Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 8/28/1982

5. FEI Number 592320064 ☐ 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: MARY Williams

Street Address (P.O. Box Number is Not Acceptable): 163 S CoCo Plum Road

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01/27/06--01033--007 **2250 00

Suite, Apt. #, Etc.

City: Key Largo | State: FL | Zip Code: 33037

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: Mary Williams — REGISTERED AGENT MUST SIGN — Date: Jan. 23, 2006

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	MARY Williams	163 S. CoCo Plum Road	Key Largo, Fl 33037
VP	FRANK T. Williams	163 S CoCo Plum Road	Key Largo Fl 33037
Sec	Jennifer Warger	10001 SW 128 St	Miami Fl 33176
		REINSTATEMENT	96-06

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 contained in Chapter 119, 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: Mary Williams — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jan. 23, 2006 Date — (305) 592-6111 Daytime Phone #