## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILED  06 JAN 27 AN IO 02	
DOCUMENT # F96096  1. Corporation Name Floring Keys Elevator Sales & Service Inc			Ī	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
2. Principal Office Address 163 S Co Co Plum Ripp	3. Mailing Office Address ) 63 S CoCo P	CoCoPlum Rono		CR2E081 (12/05)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	etc.		orated or Qualified	
City & State	City & State	5. FEI N			pplied For
Zip Country	Zip Zip	Country	6.	OF STATUS DESIDED \$8.75 Addition	
33037 USA	33 03 7	Idress of Current Registers		of STATUS DESIRED for a Certific	ate of Status
Name  MARY Williams  Street Address (P.O. Box Number is Not Acceptable)  163 S Co Co Plum Roan  Suite, Apt. #, Etc.  City  Rey hare  FL 33 03 7					
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 May Williams REGISTERED AGENT MUST SIGN  Date Jam, 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 WILLIA.	ms 163	163 S. Cu Co Plum Rono		Key LARG. F13:	303.7
YP FRANK T. WIL	liams 163	163 S CuCo Plum Rong		Key LARgo F1 33	037
SEC JENN, SER WARY.	en 10001	10001 S 12854		MIAM, F1 331	76
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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 filling 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:  SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR  Date  Date					