

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G02623

1. Corporation Name

Key-Ros Corporation

w1-32757

200183190692
07/12/10--01033--001 **\$50.00

200183190692
09/01/10--01033--002 **\$608.75

REINSTATEMENT 09-1D

2. Principal Office Address - No P.O. Box #

1810 Hypoluxo Rd

3. Mailing Office Address

PO Box 8146

Suite, Apt. #, etc.

D-3

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lantana, FL

Zip

33462

Country

Zip

33465

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-29-82

5. FEI Number

04-2463539

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

Duffy, Thomas F.

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

6215 La Vida Ter

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Thomas F. Duffy
REGISTERED AGENT MUST SIGN

Date

June 8, 2010

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	Duffy, Thomas F.	6215 La Vida Ter	Boca Raton, FL 33433
T	Pisanello, Raymond A	6215 La Vida Ter	Boca Raton, FL 33433
D	Duffy, Cujee	6215 La Vida Ter	Boca Raton, FL 33433

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Thomas F. Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 8, 2010

Daytime Phone #

7825