

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G44426**

1. Corporation Name

KEYSTONE PROPERTIES, INC.

Principal Place of Business

320 N. ARLINGTON RD
JACKSONVILLE FL 32211
US

Mailing Address

PO BOX 11496
JACKSONVILLE FL 32211
US

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 20 PM 12:45



REINSTATEMENT 0 01

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1983

5. FEI Number

59-2315541

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KNEE, RONALD	10777 EXECUTIVE DR	JACKSONVILLE, FL 00000

600004749056--4
-01/03/02--01042--023
****758.75 ****758.75

8. Name and Address of Current Registered Agent

MAXWELL, RONALD W.
4811 ATLANTIC BLVD., SUITE 4
JACKSONVILLE FL 32207-9129

9. Name and Address of New Registered Agent

Name **RONALD W. MAXWELL, Esq.**

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

4800 BEACH BLVD., STE. 5

Suite, Apt. #, Etc.

City **Jacksonville**

State
FL

Zip Code
32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ronald W. Maxwell

REGISTERED AGENT MUST SIGN

Date **12-5-01**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Ronald W. Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/724-4866

CR2E040 (8/01)