

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -6 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H64066

1. Corporation Name

RESORTS OF KEY LARGO, INC.

Principal Place of Business

Mailing Address

99202 OVERSEAS HIGHWAY
KEY LARGO, FLORIDA 33037900003096969--6
-01/13/00--01007--023
***1500.00 ***1500.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2572460

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MICHAEL R. DENAULT	400 LAGUNA AVE.	KEY LARGO, FL. 33037
D	MARLENE DENAULT	400 LAGUNA AVE.	KEY LARGO, FL. 33037
D	STEPHANIE DENAULT	400 LAGUNA AVE.	KEY LARGO, FL. 33037

REINSTATEMENT 95-00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
MICHAEL DENAULTStreet Address (P.O. Box Number is Not Acceptable)
400 LAGUNA AVE.

Suite, Apt. #, Etc.

City

KEY LARGO, FL

State Zip Code

FL 33037

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

Michael R. Denault

REGISTERED AGENT MUST SIGN

Date

1-3-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax.)

12. 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.

Michael R. Denault

SIGNATURE: MICHAEL R. DENAULT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00
Date305-451-2478
Daytime Phone #