

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 18 AM 7:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J70607

1. Corporation Name

Key West of the Desert, Inc.

2. Principal Office Address

617 Duval Street

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

USA.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/87

5. FEI Number

59-2804277

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

Muriel Kutner

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

617 Duval Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

Muriel Kutner

REGISTERED AGENT MUST SIGN

Date

6/11/03

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
S	Muriel Kutner	617 Duval Street	Key West, FL 33040
PDS	Arthur Kutner	617 Duval Street	Key West, FL 33040

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 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:

Muriel Kutner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/11/03

Daytime Phone #

CR2E081 (10/02)

7 6/19

Louis John Claps, C.P.A. & Associate, P.A.
Certified Public Account
10100 West Sample Road
Suite 327
Coral Springs, Florida 33065

(954) 846 - 1040

(954) 846 - 1684 Fax

June 12, 2003

Florida Department of State
Secretary of State
Division of Corporations

RE: Key West Of The Desert, Inc..

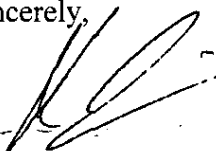
To Whom It May Concern,

Included with this letter is a Corporation Reinstatement form for the above mentioned client. The mailing address for our client was that of the sole shareholder's husband, Arthur Kutner. Mr. Kutner had moved from that address in 2001, Annual Renewal forms subsequent to 2001 were never received. Due to our client not receiving the Annual Reports our client was unaware that they needed to be filed.

As you will notice our client has always filed their Annual Reports in a timely matter. Please abate any penalties and/or fees that are associated with the Reinstatement since the failure to file was beyond our client's control. Enclosed you will find a check in the amount of \$300.00 for the Annual Report filing fee.

If you have any questions or concerns regarding this matter please feel free to contact me at (954) 846-1040.

Sincerely,



John S. Jennings
Associate