

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 11 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

J-81524
KEYSTONE CORPORATION
INC.

REINSTATEMENT 0001-2003-
ERC 8/11/03

2. Principal Office Address

10887 VEREDA SOL DEL DIOS - SAME -

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SAN DIEGO CA

City & State

Zip

92130

Country

USA

Zip

9

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

PETER LOUIS

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

10887 VEREDA SOL DEL DIOS 161 TALMERA TRAIL

Suite, Apt. #, Etc.

City

SAN DIEGO - MARIANA

State

CA

Zip Code

92130

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

Peter Louis
REGISTERED AGENT MUST SIGN

Date 8/6/03

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
P	PETER LOUIS	10887 VEREDA SOL DEL DIOS	SAN DIEGO CA 92130

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:

Peter Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

Date

8/6/03

Daytime Phone #

8583503197

CR2E081 (10/02)