

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 29 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 83009

1. Corporation Name
We Key Locksmiths Inc

2. Principal Office Address
5950 Okeechobee Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
-

Zip
33417

Country
USA

Zip

Country

REINSTATEMENT 04

4. Date Incorporated or Qualified To Do Business in Florida 7-15-87
5. FEI Number 592879942 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Maureen Moller
Street Address (P.O. Box Number is Not Acceptable) 467 W. Shadyside Cir.
Suite, Apt. #, Etc.
City West Palm Beach State FL Zip Code 33415

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 Maureen Moller Date 12-14-04
REGISTERED AGENT MUST SIGN

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
Pres	Richard Moller	467 W. Shadyside Cir	West Palm Beach FL 33415
VPs	Maureen Moller	467 W. Shadyside Cir	West Palm Beach FL 33415

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12/29/04--01025--023 **750.00

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: Richard Moller RICHARD MOLLER 12-14-04 561-686-7831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)