

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K07549

1. Corporation Name

KEY LARGO DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

93911 U.S. HWY. 1
TAVERNIER FL 33070

93911 U.S. HWY. 1
TAVERNIER FL 33070



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

2. New Principal Office Address, If Applicable

169 PEARL AVE

3. New Mailing Office Address, If Applicable

169 PEARL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER, FL

City & State

TAVERNIER, FL

Zip

33070 MONROE

Zip

33070 MONROE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1987

5. FEI Number

65-0020731

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
PTD	MURPHY, ROY D	93911 U.S. HWY. 1	TAVERNIER FL 33070
V	OSA, MIKE	93911 U.S. HWY. 1	TAVERNIER FL 33070

100003455541--6
-11/07/00--01030--021
***758.75 ***758.75

8. Name and Address of Current Registered Agent

MURPHY, ROY D.
93911 OVERSEAS HWY
TAVERNIER FL 33070

9. Name and Address of New Registered Agent

Name MURPHY, ROY D.
Street Address (P.O. Box Number is Not Acceptable)
169 PEARL AVE
Suite, Apt. #, Etc.
City TAVERNIER State FL Zip Code 33070

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date OCT 15, 00

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.

Roy D. MURPHY, PRES.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-852-9179