

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

APPROVED
AND
FILED

05 MAR 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *K16497*

1. Corporation Name

A. AMERICAN MASTER LOCKSMITH

2. Principal Office Address

902 North Lake Blvd.

3. Mailing Office Address

902 North Lake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.

Zip

33408

Country

U.S.

REINSTATEMENT *04-05*

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/1988

5. FEI Number

650038611

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

Craig I. Kelley, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1665 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 1000

City

West Palm Beach.

State

FL

Zip Code

33401

100048824511
03/22/05--01003--007 **300.00

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

Craig I. Kelley

REGISTERED AGENT MUST SIGN

Date *2/28/05*

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/D/S/T	Mark Donaghy	902 North Lake Blvd.	North Palm Beach, FL 33408

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)(f), 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:

Mark Donaghy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Donaghy

2/28/05

Date

561-775-0553

Daytime Phone #

CR2E081 (01/05)

2082

LAW OFFICES
KELLEY & FULTON, P.A.

February 28, 2005

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: A. American Master Locksmith, Inc.
Document Number: K16497

Dear Sir or Madam:

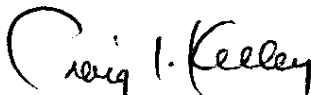
A. American Master Locksmith, Inc. did not file a uniform business report for 2004 because it failed to receive notice from your office in the mail. I was informed by your office that, since this was the case, that the Corporation needed to submit a written request for a waiver of the \$600.00 reinstatement fee along with a completed reinstatement application, and a \$150.00 filing fee for each year the Corporation was dissolved, and fees for the current year (which equals \$150 for 2004 and \$150 for 2005).

Accordingly, please allow this letter to serve as a request for a waiver of the reinstatement fee. Enclosed herewith please find the following:

1. Completed reinstatement form for A. American Master Locksmith, Inc.;
2. Filing fee of \$150.00 for the year 2004; and
3. Filing fee of \$150.00 for the year 2005 per check number 2766 in the amount of \$300.00 to bring the corporation current.

If you have any questions or require additional information, please contact our office.

Very truly yours,


Craig I. Kelley
For the Firm

cc: Mark Donaghy, A. American Master Locksmith, Inc.