

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -4 AM 7:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K 49006

1. Corporation Name

Keys Bobcat & Light Hauling Inc

Principal Place of Business

Mailing Address

92329 Overseas Hwy
Tavernier, FL 33070

P.O. Box 950
Tavernier, FL 33070

REINSTATEMENT

AD
96-97

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

2. New Principal Office Address, If Applicable

Eugene Lawrence

Suite, Apt. #, etc.

P.O. Box 950

City & State

Tavernier FL

Zip

33070

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1988

5. FEI Number

65-0089607

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Eugene N. Lawrence	92329 Overseas Hwy	Tavernier, FL 33070

100002285061--3
-09/04/97--01090--012
****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

Patti Loeffler
87431 Overseas Hwy.
Islamorada, FL 33036

9. Name and Address of New Registered Agent

Name

EUGENE N. LAWRENCE

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

92329 Overseas Hwy.

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

Eugene N. Lawrence
REGISTERED AGENT MUST SIGN

Date

1-1-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-1-97

Daytime Phone #

852-7554

CR2E040 (1/2/96)