

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K92119

1. Entity Name
JOHN'S KEY SHOP INC.



FILED

05 NOV 10 PM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT (6/04) **05**

Principal Place of Business
**%JACK FLYNN
5606 PARK BLVD.
PINELLAS PARK, FL 34665**

Mailing Address
**%JACK FLYNN
5606 PARK BLVD.
PINELLAS PARK, FL 34665**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

Zip **33781** Country

Zip **33781** Country

4. FEI Number
59-2949036

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**FLYNN, JACK
5606 PARK BLVD.
PINELLAS PARK, FL 34665**

7. Name and Address of New Registered Agent

Name **Same**

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

City **FL 33781**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jack Flynn** (NOTE: Registered Agent signature required when reinstating) DATE **11/8/05**

**FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, JACK 5606 PARK BLVD. PINELLAS PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same name + address 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061344686 11/10/05--01041--018 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jack Flynn** DATE: **11/8/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR