

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2:54

DOCUMENT # L21424

1. Corporation Name

J & J KEITH, INC.

Principal Place of Business

Mailing Address

935 LINDGREN BLVD.
SANIBEL FL 33957

P.O. BOX 1801
SANIBEL FL 33957

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

2. New Principal Office Address, If Applicable

2130 SW 50th LANE

Suite, Apt. #, etc.

CAPE CORAL

City & State

FL

Zip
33914

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1989

SP

5. FEI Number

65-0151599

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 |
|---------------|---|--|-------------------------|
| PSD | KEITH, JEAN A. | 935 LINDGREN BLVD. | SANIBEL FL |
| VTD | KEITH, JAMES O. | 935 LINDGREN BLVD. | SANIBEL FL |
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600004435196--7
-06/21/01--01050--012
****900.00 ****900.00

8. Name and Address of Current Registered Agent

KEITH, JAMES O.
935 LINDGREN BLVD.
SANIBEL FL 33957

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James O. Keith
REGISTERED AGENT MUST SIGN

Date 5-15-2001

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.

SIGNATURE:

James O. Keith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-01 941-472-6719
Date Daytime Phone #

CR2E040 (8/00)