

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 MAY 19 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W05 000023447

DOCUMENT # **L57004**

**1. Corporation Name**

**Keith's Law Service of Tierra Verde Inc.**

**2. Principal Office Address**

**746 49<sup>th</sup> St. So.**

Suite, Apt. #, etc.

City & State

**St. Pete, FL**

Zip

**33707**

Country

**03**

**3. Mailing Office Address**

**746 49<sup>th</sup> St. So.**

Suite, Apt. #, etc.

City & State

**St. Pete, FL**

Zip

**33707**

Country

**03**

**REINSTATEMENT**

**02-05**

**4. Date Incorporated or Organized  
To Do Business in Florida**

**1990**

**5. FEI Number**

**593002345**

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

**Bill Wolff**

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

**10050 59<sup>th</sup> Ave N.**

Suite, Apt. #, Etc.

City

**St. Pete, FL**

State

**FL**

Zip Code

**33708**

**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

**Bill Wolff**

Date **4-20-05**

REGISTERED AGENT MUST SIGN

**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
<b>D</b>	<b>Keith Fox</b>	<b>6553 Bay St</b>	<b>St. Pete. Beach, FL 33706</b>

**900054860499**

**05/19/05 01056 025 \*\*1200.00**

**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)(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 DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Keith Fox**

Date

**4-18-05**

Daytime Phone #

**727-328-1685**

CR2E081 (01/05)