

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 16 PH 2:44

DOCUMENT # L62155

1. Corporation Name

KEYS ENGINEERING SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% DARYLE L. OSBORN  
8220 S.W. 159 ST.  
MIAMI FL 33157

% DARYLE L. OSBORN  
8220 S.W. 159 ST.  
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2998631

Applied For

Not Applicable

City & State

City & State

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip                                         |
|---------------|-------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|
| D             | OSBORN, BARBARA E.                        | 8220 SW 159 ST.                                        | MIAMI FL                                                        |
| D             | OSBORN, DARYLE L.                         | 8220 SW 159 ST.                                        | MIAMI FL                                                        |
|               |                                           |                                                        | 500003455615--4<br>-11/07/00--01093--012<br>***750.00 ***750.00 |
|               |                                           |                                                        |                                                                 |
|               |                                           |                                                        |                                                                 |
|               |                                           |                                                        |                                                                 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSBORN, DARYLE L.  
8220 S.W. 159TH STREET  
MIAMI FL 33157

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARYLE L. OSBORN

10/12/00

Date

Daytime Phone #

305-852-0262

CR2E040 (8/00)