

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M09594**

1. Corporation Name

EDEN ENTERPRISES OF KEY WEST, INC.

Principal Place of Business

1015 FLEMING ST
KEY WEST FL 33040-6962

Mailing Address

1015 FLEMING ST
KEY WEST FL 33040-6962



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

01/03/1985

5. FEI Number

65-0064300

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 |
|---------------|---|--|---|
| PD | EDEN, COLLEEN ANN | 1015 FLEMING ST | KEY WEST FL |
| STD | EDEN, HARRY M. | 1015 FLEMING ST | KEY WEST FL |
| | | | 400024579804 11/12/03--01010--009 **150.00 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

- EDEN, HARRY M.
1015 FLEMING ST
KEY WEST FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Mike Eden **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

Mike Eden **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03 305-296-8868

Daytime Phone #

CR2E040 (7/03)



1015 FLEMING STREET • KEY WEST, FLORIDA • 33040
(305) 296-6868
www.edenhouse.com

To Whom It May Concern:

This is the first thing I have received from the state. It is also my understanding other people in Key West that they received a letter stating note receiving original forms could reinstate for \$150.00. Therefore I'm enclosing \$150.00.

Sincerely,


Mike Eden