

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  
DIVISION OF CORPORATIONS

01 OCT 18 PM 7:22

DOCUMENT # **N00000000111**

1. Corporation Name

**THE KEY WEST POPS, INC.**

Principal Place of Business

P.O. BOX 6206  
KEY WEST FL 33041

Mailing Address

P.O. BOX 6206  
KEY WEST FL 33041



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

01/03/2000

5. FEI Number

☒ 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
D	ZITO, VICENT P	P.O. BOX 6206	KEY WEST FL 33041
D	ZITO-KAUFMAN, MARIA	P.O. BOX 6206	KEY WEST FL 33041
D	ZITO, PAUL F M.D.	P.O. BOX 6206	KEY WEST FL 33041

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-10/31/01--01077--010  
\*\*\*\*\*236.25 \*\*\*\*\*236.25

8. Name and Address of Current Registered Agent

FOHRMAN, DARRYL  
322 ELIZABETH STREET  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name **CRISTINA LINDLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**2018 HARRIS AVE**  
Suite, Apt. #, Etc.

City **KEY WEST, FL**

State **FL**

Zip Code **33040**

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

*Cristina Lindley* **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/15/01**

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:

*Cristina Lindley* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/15/01 (305)293-7658**

Daytime Phone #

CR2040 (8/01)