

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01000001152			
1. Corporation Name THE KEYS PROFESSIONAL PLAZA, INC.			
Principal Place of Business 809 901 U.S. HIGHWAY 27 SOUTH SEBRING FL 33872		Mailing Address 809 901 U.S. HIGHWAY 27 SOUTH SEBRING FL 33872	
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 02/16/2001	
		5. FEI Number 30-0293016	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BORING, LINDA	809 U.S. 27 SOUTH	SEBRING FL 33872
D	SERRALTA, TAD DR.	813 U.S. 27 SOUTH	SEBRING FL 33872
D	BOCH, JOSEPH GANTHIER, RULX	442 LAFAYETTE AVENUE 801 US 27 SOUTH	SEBRING FL 33872
D	GANTHIER, RULX	801 US 27 SOUTH	SEBRING, FL 33870
200048411422 03/15/05--01029--008 **297.50			
8. Name and Address of Current Registered Agent FOR CURRENT			
9. Name and Address of New Registered Agent			
XXXXXXXXXXXX 210 SOUTH COMMERCIAL AVENUE SEBRING FL 33872		Name LINDA BORING Street Address (P.O. Box Number is Not Acceptable) 809 US 27 SOUTH Suite, Apt. #, Etc. City SEBRING State FL Zip Code 33870	
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  REGISTERED AGENT MUST SIGN		Date 2/28/05	
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: LINDA BORING  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/28/05 863-385-0077 Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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