

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000005440					
1. Entity Name UPPER KEYS FISHING CLUB, INC.					
Principal Place of Business P O BOX 487 KEY LARGO, FL 33037			Mailing Address P O BOX 487 KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address UKFC			
Suite, Apt. #, etc. 101000 OVERSEAS Hwy		Suite, Apt. #, etc. PO BOX 370484			
City & State KEY LARGO, FL		City & State KEY LARGO, FL			
Zip 33037		Country USA		Zip 33037	
Country USA		Country USA		03312007 REIN-NP CR2E099 (1/07)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANKOVICH, TOM 20 JEAN LA FITTE DR KEY LARGO, FL 33037			210 JOLLY ROGER DR.		
			Name FRANKOVICH, TOM		
			Street Address (P.O. Box Number is Not Acceptable) 210 JOLLY ROGER DR		
			City KEY LARGO		
			State FL		
			Zip Code 33037		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Thomas C. Frank</i>				DATE 4-9-07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFFREY, DOUG P O BOX 487 KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MACDONALD, MIKE PRES 817 THIRD LN. KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACDONALD, MIKE 817 THIRD LN KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FRANKOVICH, TOM 210 JOLLY ROGER DR KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Vice Pres</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS FRANKOVICH, TOM 20 JEAN LA FITTE DR KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D VAN COTT, WHIT 903 S RUBY DR KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRIBLING, SALLY 12 BASS AVE KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRY S. KALLIS 106 SOUTH DR. ISLAMORADA FL 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas C. Frank* Date: **4-9-07** Daytime Phone #: **352-393-4636**

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