

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34866

1. Corporation Name

THE LOWER KEYS SAILING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ALLAN D. MERRILL
925 TRUMAN AVENUE
KEY WEST FL 33040

C/O ALLAN D. MERRILL
925 TRUMAN AVENUE
KEY WEST FL 33040

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or To Do Business in Florida

5. FEI Number

65-0220954

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
TPT	MERRILL, ALLAN D.	1724 ROSE ST.	KEY WEST FL
D	ALMEDA, JOHN R	1624 GEORGE ST	KEY WEST FL
TS	SHOCKLEY, KATHY	119 DOMINICA LANE	SUMMERLAND KEY FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERRILL, ALLAN D.
925 TRUMAN AVENUE
KEY WEST FL 33040

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

ALLAN D. MERRILL
REGISTERED AGENT MUST SIGN

REQUIRED

Date 12/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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

ALLAN D. MERRILL
12/28/98

Date

Daytime Phone #

305.294.3404