

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 # N35404

1. Corporation Name

CRIME STOPPERS OF THE KEYS, INC.

Principal Place of Business

P.O. BOX 4788
 KEY WEST FL 33041-4788

Mailing Address

P.O. BOX 4788
 KEY WEST FL 33041-4788

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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1989

5. FEI Number

65-0367412

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SERELIS, MARION <i>Delete</i>	527 UNITED ST.	KEY WEST FL 33040
VPD	PRICE, LINDA	FIRST STATE BANK 1201 SIMONTON 701 Whitehead St	KEY WEST FL 33040
TD	MORGAN, DOUGLAS	3706-H N. ROOSEVELT DR.	KEY WEST FL 33040
SD	SOOS, ROBERT L.	2918 Pattenson Ave	Key West, FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SERELIS, MARION~~
 527 UNITED STREET
 KEY WEST FL 33040

Name

LINDA S. PRICE

Street Address (P.O. Box Number is Not Acceptable)

701 WHITEHEAD STREET

Suite, Apt. #, Etc.

City

KEY WEST

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

Linda S. Price

REGISTERED AGENT MUST SIGN

Date 11/19/98

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:

Linda S. Price
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-98 305 294-9875

CR2E040 (9/98)