PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
FOR DEINSTATEMENT	A DEPARTMENT OF STATE  Katherine Harris  Secretary of State  VISION OF CORPORATIONS	FILED	
DOCUMENT # N42580  1. Corporation Name		OT NOV 26 PM 5: 05 SECRETARY OF STATE	
FLORIDA KEYS CHAPTER OF THE WOMEN'S COUNCIL OF FEALTORS OF THE NATIONAL ASSOCIATION OF REALTORS.		TALLAHASSEE: FLORIDA	
Principal Place of Business Mailing Address			
F.O. 180X 366	9		
	ng Office Address, If Applicable 4.	EINSTATEMENT ZOOL  Date Incorporated or Qualified	
Suite, Apt. #, etc. Suite, Apt. #, 5U   TE City & State City & State	etc. 3	To Do Business in Florida 03/15/1991  FEI Number	
33070 Country 33070	<u> </u>	CERTIFICATE OF STATUS DESIRED   S8.75 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)  Name of Officers  Street Address of Each			
Title(s) 1 2 and/or Directors	Officer and/or Director	City / State / Zip	
DP SCOTT, KELLY- MARGO NEWMAN	PO BOX 872 104 VALENCIA D	DR ISLAMORADA FL 33036	
DS HORTON, BRANDI ANA ZALESKY	RO-BOX 1884 674 N. LAKE DRIV	E KEY LARGO FL 33037	
DONNA WIRTH	<del>PO-BOX-64</del> // 1 1 1	ISLAMORADA-FL-33838	
DT SOMERS, CHARLOTTE T. K. HEATLEY	8500 SW 117th RD.	#130 KEY LARGO TL 33097 MIAMI, FL 33183	
		4000047328246 -12/19/0101045035 ****236.25 ****236.25	
8. Name and Address of Current Registered Age	nt 9. I	Name and Address of New Registered Agent	
-MIKLAS, JOE 80765 OVERSEAS HWY.			
0	cikeyLar	30   State   Zip Code   33037	
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.			

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.

MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE:

11. 2.01 305 853 1100
Date Coaytime Phone #