

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-93000004230

1. Corporation Name

HABITAT FOR HUMANITY OF KEY WEST AND THE LOWER FLORIDA KEYS, INC.

Mailing Address Principal Place of Business

3424 N. Roosevelt Blvd.
Key West, Florida 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

SAME

REINSTATEMENT 95-96

2. New Mailing Address, if Applicable N/A

3. New Principal Office Address, if Applicable N/A

4. Date Incorporated or Qualified To Do Business in Florida

Sept 15, 1993

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc. N/A

5. FEI Number

65-0443188

Applied For

Not Applicable

City & State N/A

City & State N/A

6. CERTIFICATE OF STATUS DESIRED

Zip N/A

Country N/A

Zip N/A

Country N/A

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
D	Paul Kruger	3424 N. Roosevelt Blvd.	Key West, FL. 33040
D	Marjorie Aquino	5181 Suncrest Rd.	Key West, FL. 33040
D	Robert Kramer	615 Elizabeth St.	Key West, FL. 33040

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8. Name and Address of Current Registered Agent

Marjorie Aquino
5181 Suncrest Rd.
Key West, FL. 33040

9. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable) N/A
Suite, Apt. #, Etc. N/A
City N/A State FL Zip Code N/A

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Marjorie S. Aquino

REGISTERED AGENT MUST SIGN

Date Oct 30, 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Paul Kruger (Paul Kruger) 10/30/96 (305) 295-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #