

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
~~REINSTATEMENT~~

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

FILED

97 NOV -6 PM 4:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000005258

1. Corporation Name

FLORIDA KEYS DEAF SERVICES, INC.

Principal Place of Business

1405 PETRONIA STREET
KEY WEST FL 33040

Mailing Address

PO BOX 6501
KEY WEST FL 33044-6501

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1993

5. FEI Number

65-0436184

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
1	2	3	4
W/D	FREEDMAN, M-AURENE	1405 PETRONIA ST.	KEY WEST FL 33040
P/D	MULVANEY, WILLIAM	3312 NORTHSIDE DR., #208	KEY WEST FL 33040
D	SCHUFFMAN, JAN DAVID HOOT	1000 VON PHISPER #1 615 WILLIAM STREET	KEY WEST FL 33040
S/D	BRANSON, VICKY MARC HACKER	1200 TRUMAN AVENUE #5 1400 VONPHISTER STREET	KEY WEST FL 33040
T/D	HAWTHORNE, DR. BILL	1400 VON PRESLER 1400 VONPHISTER STREET	KEY WEST FL 33040
D	TAYLOR, ANN	5601 COLLEGE ROAD	KEY WEST FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEDMAN, MAURENE
1405 PETRONIA STREET
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

0000002344650-3

-11/12/97-01062-006

*****61.25 *****61.25

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR2E040 (8/97)

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Florida Keys Deaf Services

PO BOX 2637
KEY WEST FL 33045-2637

Phone: Voice 305-294-8873
TDD 305-294-2839

November 1, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

We are enclosing a check for \$61.25 and our application for reinstatement as instructed. We were told that our earlier annual report form was not accepted and our check (which is still in your possession) was not cashed because we did not have three directors listed.

We are a small not for profit organization and only have volunteer help. If any mistakes were made, we would appreciate your understanding.

Thank you,


Maureen Freedman Registered Agent