

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
FILED
1997 JUL 21 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002568

1. Corporation Name

KEY WEST LESBIAN & GAY PRIDE ALLIANCE

Principal Place of Business

Mailing Address

~~900 Simonton Street~~
Key West, Florida
33041-0310

~~900 Simonton Street~~
Key West, Florida
33041-0310

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

2. New Principal Office Address, If Applicable
1215 Petronia Street

3. New Mailing Office Address, If Applicable
P.O. Box 310

4. Date Incorporated or Qualified
To Do Business in Florida 05/20/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0490970

Applied For
Not Applicable

City & State
Key West, Florida

City & State
Key West, Florida

Zip Country
33040 U.S.A.

Zip Country
33041-0310 U.S.A.

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
D Pres.	Jeanne Wright	903 Elizabeth Street 616 VIRGINIA STREET	Key West, Florida 33040
D Vice- Pres.	Frank Gerlando	1124 Watson Street	Key West, Florida 33040
D Sec.	Max S. Hunter	1615 Venetian Drive	Key West, Florida 33040
D Treas	Joseph R. Benten	1409 Von Phister Street	Key West, Florida 33040

REINSTATEMENT

8. Name and Address of Current Registered Agent

David Benard
900 Simonton Street
Key West, Florida 33040

9. Name and Address of New Registered Agent

Name
Joseph R. Benten
Street Address (P.O. Box Number is Not Acceptable)
1409 Von Phister Street
Suite, Apt. #, Etc.
City
Key West

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 *Joseph R. Benten*
REGISTERED AGENT MUST SIGN

Date June 23, 1997

11. 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.)

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: *Joseph R. Benten* Joseph R. Benten June 23, 1997 (305) 294-0918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRRE040 (12/96)