

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 20 PH 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004767

1. Corporation Name

Florida Keys Federation of Chambers of Commerce, Inc.

2. Principal Office Address - No P.O. Box #

31020 Overseas Hwy

Suite, Apt. #, etc.

Mile Marker 31, Oceanside

City & State

Big Pine Key, FL

Zip

33043

Country

USA

3. Mailing Office Address

PO Box 430511

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

Zip

33043

Country

USA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1994

5. FEI Number

59-2626641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Virginia Panico

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

1514 19th Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Virginia Panico
REGISTERED AGENT MUST SIGN

Date

8-7-7

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DTS	Carole Stevens	29510 Constitution Avenue	Big Pine Key, FL 33043
DP	Virginia Panico	1514 19th Street	Key West, FL 33040
DV	Jackie Harder	10600 Overseas Hwy	Key Largo, FL 33037
			400107609954 08/09/07--01026--013 **131.25
			400107609954 08/31/07--01005--017 **81.25

10. 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 contained in Chapter 119, 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:

Carole Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/2007

Date

305-872-2411

Daytime Phone #

208/22