PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500000041

1. Corporation Name

SIGNATURE:

KEY WEST INNKEEPER'S ASSOCIATION, INC.



FILED

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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Ref. WEST FL 33040 PD CORNEAL STANLEY C #TT WILLIAM STREET KEY WEST FL 33040 PD CORNEAL STANLEY C #TT WILLIAM STREET KEY WEST FL 33040 PD John Marburg Go TRUMAN AVENUE FL 33040 PD John Marburg Go Fleuming Sheat Req West FL 33040 PD John Marburg Go Fleuming Sheat Req West FL 33040 PD Leate Migrar Go Street Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Notice (Address of P.O. Box Number is Not Acceptable) 402 APPELROUTH LANE Street Address Go Street Address of Otto Box Number is Not Acceptable) 402 APPELROUTH LANE Suite, Apt. #, Elic. 101013 - 103	Zip Country Zip			Zíp	Country			38./5 Additional Fee required			
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8. Name and Address of New Registered Agent CARDENAS, SUSAN M E30: 221 SIMONTON STREET KEY WEST FL 33040 City X******51 330 40 City X******51 330 40 10. I, being appointed the registered Agent Michael L. Brown Trees Tene posent Must Sign Must Must Must Must Must Must Must Must	v PD Kate Miano				615 Flemming sheet			hat_	Key West FL 33040		
CAPDENAS, SUSAN M ESO: 221 SIMONTON STREET KEY WEST FL 33040 City X*****61 Signature of Registered Agent Michael L. Brownings in the proposed of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application 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 indicate of the proposation 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 indicate in the proposation 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 indicate in the proposation 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 indicate in the proposation 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 indicate in the proposation 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 indicate in the proposation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicate in the proposation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicate in the proposation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicate in the proposation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii).	TD	100	· Coward			01	vin Sh	ect			
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Street Address (P.O. Box Number is Not Acceptable) 402 APPELROUTH LANE Suite, Apt. #, Etc. City ******61 95e ******51.25 Signature of Registered Agent Michael L. Browningstreet Agent Must sign 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 indicate	CARRENAC CUCAN M FOO.					MICHAEL I			. BROWNING		
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Signature of Registered Agent Michael L. Browning Steple Agent MUST SIGN 11. I certify that I am an officer of 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 filling 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 indicate			11	///	, /		KEY W		*****611.95e	## ### 61.25	
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