

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

525625

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000041

1. Corporation Name

KEY WEST INNKEEPER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

922 CAROLINE STREET
KEY WEST FL 33040
US

P.O. BOX 6172
KEY WEST FL 33041



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/03/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0536570	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VP	STEVENO, BRIAN	887 WASHINGTON STREET	KEY WEST FL 33040
PD	CORNEAL, STANLEY C	411 WILLIAM STREET	KEY WEST FL 33040
TD	LEAKE, SUSAN	888 TRUMAN AVENUE	KEY WEST FL 33040
PD	John Marburg	4109 William Street	Key West FL 33040
VPD	Kate Miano	615 Flemming Street	Key West FL 33040
TD	Tom Coward	4120 Olivia Street	Key West FL 33040

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARDENAS, SUSAN M ESQ. 221 SIMONTON STREET KEY WEST FL 33040	Name MICHAEL L. BROWNING Street Address (P.O. Box Number is Not Acceptable) 402 APPELROUTH LANE Suite, Apt. #, Etc. City KEY WEST FL 33040

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: Michael L. Browning **SIGNATURE REQUIRED** Date: 12-14-99

11. 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: Michael L. Browning **SIGNATURE REQUIRED** Date: 11/19/99 Daytime Phone #: 305-294-5969

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