2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2004
Secretary of State

DOCUMENT# N95000000041

Entity Name: KEY WEST INNKEEPER'S ASSOCIATION, INC.

Current Principal Place of Business:

922 CAROLINE STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6172
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-0536570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWNING, MICHAEL L
402 APPELROUTH LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCCULLOCK, MARY BETH
Address: 535 FRANCES STREET
City-St-Zip: KEY WEST, FL 33040

Title: VPD ( ) Delete
Name: TAYLOR, DAVE
Address: 601 CAROLINE STREET
City-St-Zip: KEY WEST, FL 33040

Title: TDD ( ) Delete
Name: COONTZ, JAMES
Address: 625 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TAYLOR, DAVE
Address: 601 CAROLINE ST
City-St-Zip: KEY WEST, FL 33040

Title: VPD (X) Change ( ) Addition
Name: ZENSINGER, DAVE
Address: 807 WASHINGTON ST
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE TAYLOR PD 10/12/2004

Electronic Signature of Signing Officer or Director — Date