

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000005153**

1. Corporation Name

EXECUTIVES' ASSOCIATION OF THE FLORIDA KEYS, IN C.

Principal Place of Business

Mailing Address

81900 OVERSEAS HWY
ISLAMORADA FL 33036

P.O. BOX 875
ISLAMORADA FL 33036

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
99 OCT 22 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1995

5. FEI Number

65-0667261

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BROWN, RICHARD P	P.O. BOX 1279 N/A	TAVERNER FL 33070
DV	ROBINSON, JEFFRY T	81900 OVERSEAS HWY	ISLAMORADA FL 33036
DST	PEREZ, MAI	P.O. BOX 827 N/A	ISLAMORADA FL 33036
DSI	PATRICIA MUI	P.O. BOX 600	Key Largo, FL 33055
DVP	Jay Martin	P.O. Box 600	Key Largo, FL 33057
DP	Patrick Barthet	81900 O/S Hwy	Islamorada, FL 33036

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTHET, PATRICK C
81900 OVERSEAS HWY
ISLAMORADA FL 33036

Name

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

Suite, Apt. #, Etc.

City

000003031430-6

-11/01/99--01128--007

***236.25 State Fee 236.25

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA B. MUI

10/14/99 (305) 832-4833

Date

Daytime Phone #

CR25040 (8/99)