

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

DOCUMENT # N96000001295

1. Corporation Name

FLORIDA KEYS SENSIBLE PLANNING ALLIANCE, INC

2. Principal Office Address

3. Mailing Office Address

7601 EAST TREASURE DRIVE PH 221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH BAY VILLAGE FL

Zip

Country

Zip

Country

33141

4. Date Incorporated or Qualified  
To Do Business in Florida

3/5/96

5. FEI Number

65-0646973

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

RANDALL HILLIARD

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

7601 EAST TREASURE DRIVE

Suite, Apt. #, Etc.

PH221

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

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

*Randall Hilliard*

Date

5/28/2003

REGISTERED AGENT MUST SIGN

**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 Officers and/or Director	City/State/Zip
PRES	RANDALL HILLIARD	7601 E TREASURE DR 221	N BAY VILLAGE FL 33141
DIR	JOSEPH MCCORMICK	1111 LINCOLN ROAD #810	MIAMI BEACH FL 33139
DIR	CLAUDIA CUELLAR	1121 ANDORA AVENUE	CORAL GABLES FL 33146

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 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:

*Randall Hilliard*

RANDALL HILLIARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/28/2003

Daytime Phone #

(305) 673-5353

96117

FILED  
03 JUN 17 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/17/03--01005--024 \*\*306.25

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