

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000000091

1. Entity Name  
FLORIDA KEYS ART GUILD, INC.



Principal Place of Business  
275 51ST STREET, OCEAN  
MARATHON, FL 33050

Mailing Address  
POST OFFICE BOX 501382  
MARATHON, FL 33050

FILED

06 OCT 19 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10032006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0721573

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENMAN, FRANKLIN D  
5800 OVERSEAS HIGHWAY STE 40  
MARATHON, FL 33050

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME HEWLETT, MIKE  
STREET ADDRESS P.O. BOX 162  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DS Change ☒ Addition  
NAME MARY CRAWLEY  
STREET ADDRESS P.O. BOX 501382  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DS ☒ Delete  
NAME HEWLETT, GAYLE  
STREET ADDRESS P.O. BOX 162  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DP Change ☒ Addition  
NAME LYNN LOFTUS  
STREET ADDRESS P.O. BOX 501382  
CITY-ST-ZIP MARATHON, FL 33050

TITLE DS ☒ Delete  
NAME MERLE, WAGNER  
STREET ADDRESS 112 MOCKING BIRD LANE  
CITY-ST-ZIP MARATHON, FL 33050

TITLE 300081398723  
NAME 10/31/06--01078--025 \*\*245.00  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME TYMA, TOM  
STREET ADDRESS PO BOX 500957  
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KRANER, PAMELA J  
STREET ADDRESS 5 KYLE WAY E  
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #