

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #A98000006038

1. Corporation Name

Habitat's Key's Solutions, Inc.

~~WAD 83~~

REINSTATEMENT 07-10

400165423064
01/08/10--01042--001 *\$1.25
CR2E081 (11/09)
12/31/09 01032 010 19250

2. Principal Office Address - No P.O. Box #
5800 Overseas Highway

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

City & State

City & State

Marathon, Florida

Zip

Country

Zip

Country

33050

USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/22/1998

5. FEI Number
65-0881145

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
Richard Casey, Jr.

Street Address (P.O. Box Number is Not Acceptable)
5800 Overseas Highway

Suite, Apt. #, Etc.

Suite 4

City

Marathon

State

FL

Zip Code

33050

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Richard Casey, Jr.

REGISTERED AGENT MUST SIGN

Date 1/6/10

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 Officer and/or Director	City / State / Zip
P/D	William Loewy	20959 5th Avenue, West	Cudjoe Key, Florida 33042
V/D	Shana Casey	30968 Baileys Lane	Big Pine Key, Florida 33043
S/T/D	Richard Casey, Jr.	30968 Baileys Lane	Big Pine Key, Florida 33043
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10. E-mail Address: administration@mkclt.org

(To be used for future annual report notification)

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. I further certify, 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:

William Loewy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/09

Date

(309)

304-1522

Daytime Phone #