

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 DEC 21 AM 10:58

DOCUMENT # N98000006145

1. Corporation Name

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC.

Principal Place of Business

3010 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

3010 OVERSEAS HWY
MARATHON FL 33050

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1998

5. FEI Number

65-0926262

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEURY, NATHAN	0010 OVERSEAS HWY	MARATHON FL 33050
D	MORRIS, GERALD	550 122 ST OCEAN	MARATHON FL 33050
D	ROBERTS, DONALD	325 122 STREET GULF	MARATHON FL 33050
D	David A. Mueller	11231 5 th Ave-Gulf	MARATHON, FL 33050
D	Michael McCluskey	1126 Calle Ensenada	MARATHON, FL 33050
D	Cynthia Velez	8980 Ocean Terrace	MARATHON, FL 33050

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 11/8/01

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] David A. Mueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-01

Date

305-743-4582

Daytime Phone #

CR2E040 (8/01)