

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 21 PM 1:12

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006870

1. Corporation Name

Key West Independent Education, Inc.

2. Principal Office Address - No P.O. Box #

2505 FLAGLER AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

Country

REINSTATEMENT

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0915399

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

ELIAS J. GENTH

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

2505 FLAGLER AVE

Suite, Apt. #, Etc

City

Key West

State

FL

Zip Code

33040

100183527981

07/21/10--01027--001 **122.50

07/16/10 01039 004 \$236.25

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

[Signature] Chairman

Date

7/19/10

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 Officer and/or Director	City / State / Zip
TREA	Martha Barley	Same	"
Sec	Helen Felt	Same	"
V.C	Michael Clarke	Same	"
Board member	Jacobie Nickisic	Same	"

[Signature]
7/12

10. E-mail Address:

ELIASGMD@yahoo.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS J. GENTH, MD

Date

7/19/10 (305) 295-6790

Daytime Phone #