

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 14 PM 3:48

DOCUMENT # **N98000007086**

1. Corporation Name

Key West Goal Club, INC.

REINSTATEMENT

B 11/19/07
04-07

000112246230

11/14/07--01003--024 **420.00

CR2E081 (1/07)

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

1605 N. Roosevelt Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1605 N. Roosevelt Blvd.

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

USA

City & State

Key West FL

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-1-2004

5. FEI Number

650901913

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

Robin Lockwood

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

1605 N. Roosevelt Blvd.

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☐ 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

Robin Lockwood

Date **10-9-07**

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
DT	Robin Lockwood	1605 N. Roosevelt Blvd	Key West, FL 33040
PD	Randy Acaredo	1115 17th Terrace	Key West, FL 33040
D	Maureen Crowley	1419 Rose Street	Key West, FL 33040

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 contained in Chapter 119, 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:

Maureen Crowley

Maureen Crowley

Date

11/9/07

Daytime Phone #

305 304-7734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR