PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAR 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001412

1. Corporation Name
KEY WEST FILM SOCIETY, INC.

2. Principal Office Address	3. Mailing Office Address
1310 Royal St	Po Box 1283
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State: KEY WEST FL
Zip: 33040 Country: USA	Zip: 33041 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0903672 ☐ 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: Wayne Kruer

Street Address (P.O. Box Number is Not Acceptable): 600 Whitehead St

900005169748--9
-03/26/02--01053--018
****122.50 ****122.50

Suite, Apt. #, Etc.

City: Key West State: FL Zip Code: 33040

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 _____ Date 3/15/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	MICHAEL SHIELDS	1310 ROYAL ST	KEY WEST FL 33040
VP-TREA	GEORGE COOPER	316 ADMIRALS LANE	KEY WEST FL 33040
SEC	WAYNE KRUER	1105 THOMAS ST (home)	KEY WEST FL 33040
		01-02 UBR TO	

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 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: _____ MICHAEL SHIELDS 3/15/02 305 294-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

March 15, 2002

Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attn: Tyrone Scott

Re: Key West Film Society, Inc. - reinstatement

Dear Sir or Madame:

This is to certify that this corporation not for profit did not receive any reporting documents for the year 2001, for reasons unknown to us. Please waive any fees related to our failure to report for that year.

Sincerely yours,

Michael Shields
Presidnet