

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 18 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200003455972--2

-11/07/00--01115--004

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DOCUMENT # N99000003020

1. Corporation Name

KEYPOINTS CENTRE, INC.

Principal Place of Business

Mailing Address

4101 WAVERLY DRIVE  
WEST PALM BEACH FL 33401

4101 WAVERLY DRIVE  
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip  
33407

Country

Zip  
33407

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HILL, ERNEST	4101 WAVERLY DRIVE	WEST PALM BEACH FL 33401
D	OTTO, CHERRY	4101 WAVERLY DRIVE	WEST PALM BEACH FL 33401 33407
T	SAUL, ANDREW	4101 WAVERLY DRIVE	WEST PALM BEACH FL 33401 33407
D	ANGELA M. HILL	4101 WAVERLY DR.	WEST PALM BEACH, FL 33407

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GERSTIN, JOSHUA G ESQ.  
1515 N. FEDERAL HIGHWAY, SUITE 300  
BOCA RATON FL 33432

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

REGISTERED AGENT MUST SIGN

Date

10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00

Daytime Phone #

561.845.8731

CR2040 (8/00)

2052

October 17, 2000

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: Reinstatement Section

To Whom It May Concern:

The purpose of this letter is to request a late fee waiver as we have never been in receipt of any previous report filings other than the enclosed.

Please do not hesitate to call me regarding this matter at:

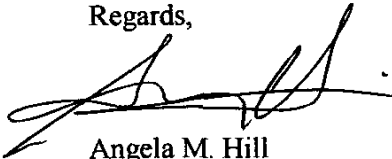
**4101 Waverly Dr.  
West Palm Beach, FL 33407**

**Phone: (561) 845-8731**

**Fax: (561) 848-9469**

**e-mail: silvergrill@yahoo.com**

Regards,



Angela M. Hill  
Director