

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 17 PM 12:48

DOCUMENT # **N99000007273**

1. Corporation Name

Latch Key, Inc

2. Principal Office Address

178 North Powerline Rd
Suite, Apt. #, etc.

3. Mailing Office Address

178 North Powerline Rd
Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip
33069

Country
Broward

Zip
33069

Country
Broward

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

Yes SP

5. FEI Number

50967002

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
Patricia W. Thompson

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

178 North Powerline Rd

Suite, Apt. #, Etc.

City
Pompano Beach FL

State
FL

Zip Code
33069

100004611061-4

-09/25/01--01092-012

******297.50 ****297.50**

100004611061-4

-09/25/01--01092-013

*******8.75 *****8.75**

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

Patricia W. Thompson

Date **8-29-2001**

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
T	Jeannette G. Andrew-Thompson Esq	178 North Powerline	Pompano Beach, FL 33069
T	Rachael Santiago	2061 NDixie Hwy	Pompano Beach, FL 33069
T	Tracy Cassett	178 North Powerline Rd	Pompano Beach, FL 33069

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:

Patricia W. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2001

Date

954-984-5888

Daytime Phone #

CR2E081 (9/00)