

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024686

1. Corporation Name

KEYS TRAFFIC TICKETS, INC.

Principal Place of Business

103301 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address

103301 OVERSEAS HIGHWAY
KEY LARGO FL 33037

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/2000

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COSSIO, RAUL A	103301 OVERSEAS HIGHWAY	KEY LARGO FL 33037

500009202775
11/25/02--01066--006 **150.00

8. Name and Address of Current Registered Agent

COSSIO, RAUL A
103301 OVERSEAS HIGHWAY
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (6/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/8/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8/02

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line.

Keep a copy for your records.

EIN

OMB No. 1545-0003

TYPE OR PRINT CLEARLY

1 Legal Name of Entity (or individual) for Whom the EIN is Being Requested KEYS TRAFFIC TICKETS, INC		51-0429489	
2 Trade Name of Business (if different from name on line 1)		3 Executor, Trustee, Care of Name RAUL COSSIO	
4a Mailing Address (room, apartment, suite number, and street, or P.O. box) 103301 OVERSEAS HIGHWAY		5a Street Address (room, apartment, suite number, or P.O. box)	
4b City State ZIP Code KEY LARGO, FL 33037		5b City State ZIP Code	
6 County and State Where Principal Business Is Located MONROE, FL			
7a Name of Principal Officer, General Partner, Grantor, Owner, or Trustor RAUL COSSIO, PRESIDENT		7b SSN, TIN, or EIN 584-38-5629	
8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN)	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated. FLORIDA		Foreign Country N/A	
9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		RECEIVED OCT 02 2002 AISC IRS #035	
10 Date business started or acquired (month, day, year) 1/01/02		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter '0'. Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input type="checkbox"/>			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale/other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) LAW OFFICE			
15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided.			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If 'Yes,' please complete lines 16b and 16c.			
16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate Date When Filed (month, day, year) City and State Where Filed Previous EIN			

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's Name

SHAWN TOLLEY, CPA

Address and ZIP Code

**9200 S. DADELAND BLVD, SUITE 204
MIAMI, FL 33156**Designee's Telephone Number
(include area code)**(305) 451-4000**Designee's Fax Number
(include area code)**(305) 451-9896**Applicant's Telephone Number
(include area code)**(305) 453-3434**Applicant's Fax Number
(include area code)**(305) 451-9896**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and Title (Type or print clearly.) ▶

Signature ▶

Date ▶ **9/25/02**

BAA For Privacy and Paperwork Reduction Act Notice, see separate instructions.

FD-22301 01/10/02

Form SS-4 (Rev. 12-2001)