

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000026516**

1. Corporation Name

ATLANTIC REALTY OF KEY WEST, INC.

REINSTATEMENT 01-09

000030723110
03/18/04--01033--017 **1208.75

2. Principal Office Address

1314 Pine Street

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

USA

3. Mailing Office Address

1448 Kennedy Drive

Suite, Apt. #, etc.

Luani Plaza

City & State

Key West, Florida

Zip

33040

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 03/14/2000**

5. FEI Number

☒ 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

JOHN N. MOORE, III

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

1448 Kennedy Drive

Suite, Apt. #, Etc.

Luani Plaza

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

J Moore

REGISTERED AGENT MUST SIGN

Date

16 Mar 04

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
D.	GERALDINE M. HOWANITZ	1314 Pine Street	Key West, Florida 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 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

Geraldine M. Howanitz

Date

3/4/2004

Daytime Phone #

*305-294-6142
305-293-1174*

CR2E081 (01/04)