

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000036319

1. Corporation Name

FOXKEY'S INC.

Principal Place of Business

8706 MOBLEY ROAD
ODESSA FL 33556

Mailing Address

8706 MOBLEY ROAD
ODESSA FL 33556

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2000

5. FEI Number

59-3640411

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | ECK, SARA B | 18607 CITEMILLE DR | LUTZ FL 33549 |
| S | ECK, CLIFFORD H | 18607 CITEMILLE DR | LUTZ FL 33549 |
| | | 6252 FAIRSILIES DR. | |
| | | | NEWPORT RICHEY, FL |
| | | | 34655 |

8. Name and Address of Current Registered Agent

ECK, SARA B
8706 MOBLEY ROAD
ODESSA FL 33556

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

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]

Date

REGISTERED AGENT MUST SIGN

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

Daytime Phone #

813 920-2052

FILED

03 OCT 24 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



400024074804
10/24/03--01017--011 **150.00

CR2E040 (7/03)

Division of Corporations
Annual Report/Reinstatement Section
Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madame,

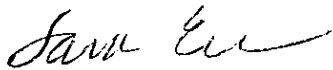
I have contacted your office via the phone regarding the notice of unpaid fees.

Please note, I did not receive any information from the State of Florida that this was due.
No notices were received at my place of business in Odessa, and our home address has changed.

I have included the check for \$150.00 for reinstatement. I respectfully request the late fee be waived.

If further monies are due please invoice me accordingly.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sara Eck".

Sara Eck
6252 Fairskies Drive
New Port Richey, FL 34655