

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
DIVISION OF CORPORATIONS

02 FEB -8 PM 12:30

DOCUMENT # P000000046189

1. Corporation Name

CROSS KEYS VENTURES INC

100004916281--0
-02/13/02--01083--015
***900.00 ***900.00

2. Principal Office Address

14216 NW 7th AV

Suite, Apt. #, etc.

City & State

MIAMI FL 33168

Zip

33168

Country

USA

3. Mailing Office Address

14216 NW 7th AV

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2000

5. FEI Number

65-101-6440

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

ALFRED . O . KESHINRO

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

14899 NE 18th AV

Suite, Apt. #, Etc.

2P

City

MIAMI

State

FL

Zip Code

33181

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02/06/02

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

PRESIDENT	ALFRED . O . KESHINRO	14216 NW 7th AV	MIAMI FL 33168

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02 - 305-527-0064

Date

Daytime Phone //

CR2E081 (9/01)