

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000065079**

1. Corporation Name

SNAPSHOT OF THE FLORIDA KEYS, INC.

Principal Place of Business

17113 BEVILLE ROAD
ODESSA FL 33556

Mailing Address

17113 BEVILLE 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

Holiday Inn

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 413

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

59-3655123

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Robert G. Crowder Jr.	11450 3rd Ave O	Marathon, FL 33050

700004718417--4
-12/11/01--01043--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~CORNING INSURANCE CO. OF AMERICA, INC.~~
~~60000 STREET OCEAN~~
~~MARATHON FL 33050~~

9. Name and Address of New Registered Agent

Name **Robert G. Crowder Jr.**
Street Address (P.O. Box Number is Not Acceptable)
11450 3rd Ave O
Suite, Apt. #, Etc.
City **Marathon** State **FL** Zip Code **33051**

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.

Signature of
Registered Agent

Robert G. Crowder Jr.

REGISTERED AGENT MUST SIGN

Date

11-5-01

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:

Robert G. Crowder Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-01

Daytime Phone #

305-743-2175