

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000098498**

1. Corporation Name

Key Ocean Properties, Inc.

2. Principal Office Address

C/O MONAHAN, 4000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 470 Office Number 5

City & State

Coral Gables, FL

Zip

33146

Country

U.S.A.

3. Mailing Office Address

C/O MONAHAN, CCS 10118 P.O. Box 025323

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33102-5323

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Roark R. Monahan CPA

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

4000 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 470 Office Number 5

City

Coral Gables

State

FL

Zip Code

33146

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

Date

10/31/05

REGISTERED AGENT MUST SIGN

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
P.D.	Maria Benjamin	170 Ocean Lane Dr. #402	Key Biscayne, FL 33149
			600061522706 11/17/05--01048--018 **1350.00

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

Date

Daytime Phone #

10/31/05