

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110582

1. Corporation Name Keystone Publications, Inc.

2. Principal Office Address

2151 CAMDEN WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2151 CAMDEN WAY

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33759

Country

USA

City & State

CLEARWATER, FL

Zip

33759

Country

USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

11-30-2000

5. FEI Number

59-3713133

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

Louis R. Tarasi

400013091824

02/25/03--01051--008 **1058275

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

2151 CAMDEN WAY

Suite, Apt. #, Etc.

000

City

Clearwater

State

FL

Zip Code

33759

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

Louis R. Tarasi

REGISTERED AGENT MUST SIGN

Date 2-18-03

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	VIRGINIA TARASI	2151 CAMDEN WAY	CLEARWATER, FL 33759
S/T/D	LOUIS TARASI	2151 CAMDEN WAY	CLEARWATER, FL 33759

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)(f), 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:

Virginia Tarasi - Virginia Tarasi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03

Date

727-712-1995

Daytime Phone #

2/26