

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000044401</b> 1. Entity Name LONG KEY ASSET MANAGEMENT, INC.						FILED 06 SEP 20 04:40 SEC. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1135 PASADEN AVE SO #105 SAINT PETERSBURG, FL 33707				Mailing Address 1135 PASADEN AVE SO #105 SAINT PETERSBURG, FL 33707			
2. Principal Place of Business 3209 30th Ave So.		3. Mailing Address 3209 30th Ave So		 09202006 REIN-P CR2E098 (11/05) 2006 WOP			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State St. Petersburg FL		City & State St. Petersburg FL					
Zip 33712		Country Pinellas		4. FEI Number 59-3735642		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  BERGER, TODD 810 63 AVE NORTH ST PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Steven E Stewart Street Address (P.O. Box Number is Not Acceptable) 3209 30th Ave So City St. Petersburg FL Zip Code 33712			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Steven E. Stewart</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STEWART, STEVE E <input type="checkbox"/> Delete 250 JULIA CIRCLE SOUTH ST PETE BEACH, FL 33706			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080149157 09/25/06--01053--024 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Steven E. Stewart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							