

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 APR 10 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1 0000 48007

1. Corporation Name

Keyshont, Inc

2. Principal Office Address (Not P.O. Box #)

651 COCONUT DR
FT LAUD, FL
Suite, Apt. #, etc.
33315
FLA.

3. Mailing Office Address

651 COCONUT DR
FT LAUD, FL
Suite, Apt. #, etc.
33315

City & State

Sumnerland
FLA.

City & State

FT LAUD FL.

Zip

33042
33315

Country

FLA.

Zip

33315

Country

FLA.

7. Name and Address of Current Registered Agent

Name

Joel Jenison

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

P.O. Box 470665 651 COCONUT DR

Suite, Apt. #, Etc.

5

City

FT LAUD FLA.

State

FL

Zip Code

33315

4. Date Incorporated or Qualified To Do Business in Florida

5-14-01

5. FEI Number

65-1113405

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 March 20, 2007

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
CEO	<u>J Jenison</u>	<u>651 COCONUT DR</u>	<u>FT LAUD, FLA 33315</u>
Pres.	<u>J Jenison</u>	<u>651 COCONUT DR.</u>	<u>FLA 33315</u>
Sec.	<u>J Jenison</u>	<u>651 COCONUT DR</u>	<u>FT LAUD, FL 33315</u>

100098013401

04/23/07--01038--023 **900.00

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 contained in Chapter 119, 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

3/20/07 3057970436

Date

Daytime Phone #