

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000064707

1. Entity Name
KASS KEEGAN ISLAND REAL ESTATE INC.



Principal Place of Business
1629 SW HARBOUR ISLES
CIRCLE
PORT SAINT LUCIE, FL 34986

Mailing Address
1629 SW HARBOUR ISLES
CIRCLE
PORT SAINT LUCIE, FL 34986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KEEGAN, KASS
1629 SW HARBOUR ISLES CIRCLE
PORT SAINT LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KEEGAN, KASS
STREET ADDRESS 1629 SW HARBOUR ISLES CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34986

TITLE
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CITY-ST-ZIP
800042635078
11/10/04--01044--002 **\$150.00

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kass M. Keegan

KASS M. KEEGAN

11/04/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

04 NOV 10 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10292004 REIN-P CR2E098 (6/04)

4. FEI Number

65-1148190

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

To Whom IT MAY CONCERN. B212

I AM SORRY I HAVE
BEEN RE/MISS ON
PAYING THIS AMOUNT
BUT BECAUSE
OF THE TWO HURRICANES
IN ST LUCIE COUNTY
ONE IN EARLY SEPT. + ONE
THE END OF
SEPT. I HAVE
BEEN RENDERED
INEFFECTIVE

I THANK YOU IN ADVANCE
FOR YOUR PATIENCE
AND UNDERSTANDING

KASS Keegan
1629 SW Harbor Blvd
St. Lucie West FL
34986

11/04/06 1-772-344-8386