

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077610

1. Corporation Name

CL KEITH AND COMPANY INCORPORATED

Principal Place of Business

7924 EMPIRE COURT  
NEW PORT RICHEY FL 34654

Mailing Address

7924 EMPIRE COURT  
NEW PORT RICHEY FL 34654



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/2001

5. FEI Number

59-3734438

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KEITH, CINDY L	7924 EMPIRE COURT	NEW PORT RICHEY FL 34654

400009494834  
12/12/02--01121--007 \*\*150.00

8. Name and Address of Current Registered Agent

KEITH, CINDY L  
7924 EMPIRE COURT  
NEW PORT RICHEY FL 34654

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Cindy L Keith*  
REGISTERED AGENT MUST SIGN

Date 12-10-02

11. 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:

*Cindy L Keith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-02

To Whom it My Concern,

Enclosed is my payment for my corporation CL KEITH AND COMPANY, INC. I apologize for the delay, but to the best of my knowledge, I never received the previous notices!! At the time of receiving this dissolution notice I was in the hospital for ankle surgery, I broke both sides of my right ankle and have been fighting an infection ever since. I just now have had the time to sit down and figure out what this was!!

Since this is the first year of being incorporated, I also did not expect that I would have a new payment due so soon... but at least I will be aware in future years. I tried to call to explain my situation and on the message it said to send this letter of explanation along with my payment. I am now doing so!

Thank you,

Cindy L. Keith