

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 3:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000079907

1. Corporation Name

KEITH DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

12180 SW HWY 200
DUNNELLON FL 34432

12180 SW HWY 200
DUNNELLON FL 34432

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 720

DUNNELLON FL

34430

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2001

5. FEI Number

59-3738991

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	PARTINGTON, KEITH J	12180 SW HWY 200	DUNNELLON FL 34432
D	KLEIBER, JUDY M DECEASED	12180 SW HWY 200	600025940386 01/02/04--01055--018 **758.75
D	LADELLE, ANNE E	733 MOONGLOW CT 264 SHERY CT	SAN JOSE CA 95123 SAN JOSE, CA 95119
			600025940386 01/02/04--01055--018 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLEIBER, JUDY
12180 SW HWY 200
DUNNELLON FL 34432

Name

Vivien L Swanson

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

2522 Pw 210 Ave

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34474

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

Date 12-30-03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH J. PARTINGTON

12-29-03

Date

352 427 8918

Daytime Phone #

CR2E040 (7/03)