

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 10 AM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000086857**

1. Corporation Name

Mephisto Key West, Inc.

2. Principal Office Address

610 Duval Street

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**300013996143**  
03/13/03--01002--010 \*\*793.75

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

09/04/2001

5. FEI Number

65-1137250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Charles G. Jones, III

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

1907 SW 47th Street

Suite, Apt. #, Etc.

City

Cape Coral

State  
**FL**

Zip Code  
33914

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

*Charles G. Jones, III*  
REGISTERED AGENT MUST SIGN

Date

3/6/03

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
D	Charles G. Jones, III	1907 SW 47th Street	Cape Coral, Florida 33914
D	Rosemary Armstrong	6602 Griffin Boulevard	Fort Myers, Florida 33908

05/27/02 90356 023 \$150.00

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 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:

*Charles Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

Date

(305) 292-2505

Daytime Phone #

CR2E081 (10/02)