

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000118612

1. Corporation Name

KEY CLUB, INC.

Principal Place of Business

711 NE HARBOUR TERRACE  
#403  
BOCA RATON FL 33431

Mailing Address

711 NE HARBOUR TERRACE  
#403  
BOCA RATON FL 33431

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

26-0011828

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
ST	MILLER, MARTIN	711 NE HARBOUR TERRACE #403	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

UTTERBACK, DANA LEE  
1051 SW 19TH STREET  
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

Martin Miller

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

711 NE Harbor Terrace

Suite, Apt. #, Etc.

403

City

Boca Raton

State

FL

Zip Code

33431

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Dec. 26, 2002

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  
MARTIN MILLER Dec. 26, 2002

Date

Daytime Phone #

CR2E040 (8/02)

**KEY CLUB, INC.**  
**711 NE Harbour Terrace, Suite 403**  
**Boca Raton, FL 33431**

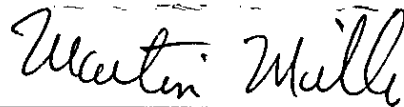
I, Martin Miller, as an Officer of KEY CLUB, INC., hereby state that KEY CLUB, INC. did not receive the two prior Uniform Business Report notices.

I hereby request that any and all penalty fees be waived and that KEY CLUB, INC. be reinstated to active status.

Enclosed is a copy of the Application for Reinstatement along with the \$150.00 fee.

I thank you for your cooperation with this matter.

By:



MARTIN MILLER

Date: Dec. 26, 2002