

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 08, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P02000059135

1. Corporation Name

Keeper Properties and Management, Inc.

600084090586
01/12/07--01001--026 **1350.00

2. Principal Office Address

1920 East Hatton Street

Suite, Apt. #, etc.

3. Mailing Office Address

4771 Bayou Blvd.

Suite, Apt. #, etc.

No. 159

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip
32503

Country
USA

Zip
32501

Country
USA

REINSTATEMENT CR2E081 (12/05)

03-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

03-045-1687

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

Stephen R. Moorhead

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

25 West Government Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

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**

Date **1/5/2007**

REGISTERED AGENT MUST SIGN

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
P	Billy H. Montgomery	4771 Bayou Blvd. No 159	Pensacola, FL 32501
VP	Joy Ann Brinkman-Montgomery	4771 Bayou Blvd. No. 159	Pensacola, FL 32501

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 contained in Chapter 119, 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

Date

1-5-07 (850) 434-9934

Daytime Phone #

1/9/07