

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000061611

1. Corporation Name

KEY LOGGING, INC

2. Principal Office Address - No P.O. Box #

229 LYNN DR

Suite, Apt. #, etc.

City & State

HOLLISTER, FLORIDA

Zip

32147

Country

USA

3. Mailing Office Address

P.O. BOX 486

Suite, Apt. #, etc.

City & State

HOLLISTER, FLORIDA

Zip

32147

Country

USA

7. Name and Address of Current Registered Agent

Name

RANDALL E KEY SR

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

229 LYNN DRIVE

Suite, Apt. #, Etc.

City

HOLLISTER

State

FL

Zip Code

32147

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

REGISTERED AGENT MUST SIGN

Date

1/15/10

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
PSTD	RANDALL E KEY SR	P.O. BOX 486	HOLLISTER, FL 32147
VP	RANDALL E KEY JR	PO BOX 486	HOLLISTER, FL 32147

10. E-mail Address: LISA@TRIMBOOKKEEPING.COM

(To be used for future annual report notification)

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. I further certify, 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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/10

Daytime Phone #

FILED
10 JAN 19 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA800166588278
01/19/10--01033--025 **300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida 06/03/2002

5. FEI Number

46-0486938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.