

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

03 DEC 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000071386

1. Corporation Name

POS OF THE KEYS, INC.

Principal Place of Business

Mailing Address

~~721 73 STREET OCEAN~~
MARATHON FL 33050

~~721 73 STREET OCEAN~~
MARATHON FL 33050

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

2. New Principal Office Address, If Applicable
2120 23rd St. SW

3. New Mailing Office Address, If Applicable
2120 23rd St. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples, FL

Zip
34117

County
Collier

Zip
34117

County
Collier

REINSTATEMENT 03



100025486661
12/15/03--01013--006 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MASON, ROSS E	721 73 STREET-OCEAN	MARATHON FL 33050

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name Ross Mason
Street Address (P.O. Box Number is Not Acceptable)
2120 23rd St. SW.
Suite, Apt. #, Etc.
City NAPLES State FL Zip Code 34117

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

12/8/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8/03

CR2E040 (7/03)

To whom it may concern,

December 12, 2003


My name is Ross Mason, Director of P.O.S. of the Keys, Inc. I received a notice of dissolution from the Florida Department of State.

This letter is to state that NO UBR notices were received. I am enclosing the fee of \$150.00 for reinstatement without penalty .Thank you for any help in this matter.

My address now is:

Ross Mason
2120 23rd street S.W.
Naples
Fl. 34117
239-353-2632

Ross Mason

A handwritten signature in dark ink, appearing to be 'R E M', written in a cursive style.