

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 OCT 27 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000082904**

1. Corporation Name

**KEY WEST PUBLICATIONS, INC.**

Principal Place of Business

Mailing Address

**1406 SOUTH ST  
KEY WEST FL 33040**

**1406 SOUTH ST  
KEY WEST FL 33040**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/31/2002**

5. FEI Number

**74-3065953**

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
D	BROWN, GORDON B JR	1406 SOUTH ST	KEY WEST FL 33040
D	ARNOW, PETER	1413 ROSE ST	KEY WEST FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BROWN, GORDON B JR.  
1406 SOUTH ST  
KEY WEST FL 33040**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 **10/24/03**

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

**10/24/03**

Daytime Phone #

CR2E040 (7/03)

September 24, 2003

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Key West Publications, Inc.  
Uniform Business Report-2003

Enclosed is our Uniform Business Report (UBR) showing our FEI number of  
**74-3065953.**

Very truly yours,

Peter L. Arnow  
Key West Publications, Inc.

# Key Wester®

M=A=G=A-Z-I-N=E

October 21, 2003

Florida Department of State  
Secretary of State  
Glenda H. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

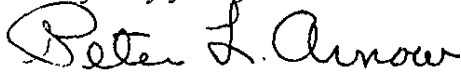
Re: Key West Publications, Inc.  
Document # PO2000082904  
Via: Federal Express

To Whom It May Concern:

Enclosed is our signed copy for reinstatement for Key West Publications, Inc.,  
**FBI, 74-3065953**, together with our earlier letter of September 24, 2003.

Our check number 1529 in the amount of \$550 paid on August 26, 2003, has already  
cleared the bank.

Very truly yours,



Peter L. Arnou  
Key West Publications, Inc.