

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000087022**

1. Corporation Name

KEY HOLDING CORPORATION

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

9 COCONUT LANE

Suite, Apt. #, etc.

3. Mailing Office Address

9 COCONUT LANE

Suite, Apt. #, etc.

City & State

KEY BISCAVNE, FL

Zip

33149

Country

USA

City & State

KEY BISCAVNE, FL

Zip

33149

Country

USA

7. Name and Address of Current Registered Agent

Name

VARES INC.

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

1688 CORAL WAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

Juan C. Rodriguez, CPA / VARES Inc

REGISTERED AGENT MUST SIGN

Date **1-8-09**

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
D	SOUSA, LORENZO	9 COCONUT LANE	KEY BISCAVNE, FL 33149

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-09

Date

305-285-8868

Daytime Phone #

FILED

09 FEB -9 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100142280261
02/09/09--01058--019 **150.00

REINSTATEMENT **06-09**

100142280261
01/28/09--01023--015 **450.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/2002

5. FEI Number

05-0528476

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.