

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 21 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000133212

1. Corporation Name KEYSTONE DOWNS AND EBC INC

2. Principal Office Address

7635 Cache Court

Suite, Apt. #, etc.

City & State

Keystone Heights, FL 32656

Zip

32656

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

200024898862

11/21/03--01010--004 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

45-0518640

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

John D Smith Jr

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

7635 Cache Court

Suite, Apt. #, Etc.

City

Keystone Heights, FL

32656

State

FL

Zip Code

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 11-8-03

**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	JOHN D SMITH JR	7635 Cache Court	Keystone Hts, FL 32656

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 under section 119.07(3)(l), 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

11-8-03

Daytime Phone #

CR2E081 (10/02)

**Terence N. Thurson Inc.  
Full Service Accounting Firm  
8716 Lem Turner Road  
Jacksonville, Florida 32208**

**Tele 904-764-7717  
Fax 904-766-7608**

**Baymeadows Location:  
9838 Old Baymeadows Road Suite 382  
Jacksonville, Florida 32256**

**November 7, 2003**

**Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314**

**Reference: P02000133212  
Federal IDNO. 45-0518640.  
Keystone Doors and Etc. Inc  
7635 Cache Court  
Jacksonville, Florida 32656**

**The above corporation never did receive its annual report in the mail. Plus he was also ill through out the year. So please accept the 150.00 dollar filing fee and reinstate his corporation.**

**Very truly yours,**



**Terence N. Thurson**