

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF CORPORATION
03 SEP 30 PM 3:58

DOCUMENT # P02000133361

1. Corporation Name

R. Keith Allen Real Estate Operations, P.A.

2. Principal Office Address

4675 Ponce De Leon Blvd

Suite, Apt. #, etc.

302

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

4675 Ponce De Leon Blvd

Suite, Apt. #, etc.

302

City & State

Coral Gables, FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/02

5. FEI Number

56-2307624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300023936993

10/20/03--01009--025 **150.00

7. Name and Address of Current Registered Agent

Name

R. Keith Allen

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

4675 Ponce De Leon Blvd

Suite, Apt. #, Etc.

Suite 302

City

Coral Gables

State

FL

Zip Code

33146

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 09/22/03

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
pvst	R. Keith Allen	4675 Ponce De Leon Blvd, Ste 302	Coral Gables, FL 33146

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/29/03 305661-2538

Daytime Phone #

CR2E081 (10/02)

Law Offices
R. KEITH ALLEN, P.A.
Attorney and Counselor at Law

September 29, 2003

Florida Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

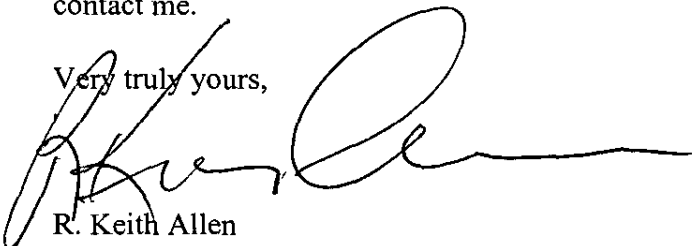
Re: R. Keith Allen Real Estate Operations, P.A.
Document No: P02000133361

Dear Sir or Madame:

I enclose herewith my reinstatement application for the above referenced corporation. Please be advised that I did not receive the annual report renewal application for this corporation. I receive a number of annual renewals each year and they are all completed and filed in a timely fashion and I would have filed my own, had I received it.

In accordance with your taped message, I have enclosed my check for \$150 for the application fee and will appreciate any consideration you are able to show. If you have any question, please contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'R. Keith Allen', with a long horizontal flourish extending to the right.

R. Keith Allen
RKA/ms
encl