

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 15 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000082207

1. Corporation Name

Key West Healthy
Names, Inc.

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

2420 PATTERSON AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Zip

33040

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

KEVIN ZUEICH

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

937 FLEMING STREET

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

Date 6/2/06

REGISTERED AGENT MUST SIGN

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
PST	MARGARET TANNER	2420 PATTERSON AVE	Key West, FL 33040

600076396896
06/20/06--01064--001 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/06

Date

305-849-4523

Daytime Phone #

Pribramsky & Zuelch
More Than An Accounting Firm

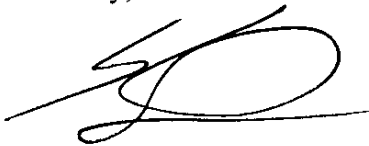
June 2, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

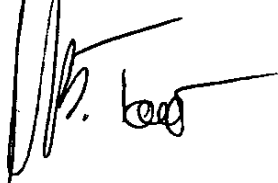
To Whom It May Concern:

Please accept the attached corporate reinstatement form for Key West Healthy Home, Inc. (doc#P03000082207). It has just recently come to our attention that the corporation has been administratively dissolved. The corporation did not receive notice of payment due in 2004 before dissolution. Attached is a check for the outstanding three annual filing fees. We request a waiver of the reinstatement fees. The company is fully aware of its future filing obligations.

Sincerely,



Kevin Zuelch
Accountant



Margaret Tanner
President, Key West Healthy Home