


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -2 AM 9:32

<b>DOCUMENT # P05000104618</b> 1. Entity Name KEYS' PANORAMA, INC.	
--	---

Principal Place of Business 4391 BANYAN LANE MIAMI, FL 33137	Mailing Address 4391 BANYAN LANE MIAMI, FL 33137
--	--

REINSTATEMENT 06



2. Principal Place of Business 5109 OVERSEAS HWY Suite, Apt. #, etc	3. Mailing Address 5109 OVERSEAS HWY Suite, Apt. #, etc
---	---

09222006 REIN-P CR2E098 (11/05)

City & State MARATHON, FL	City & State MARATHON, FL
------------------------------	------------------------------

4. FFI Number 20-3179764	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip 33050	Country USA	Zip 33050	Country USA
--------------	----------------	--------------	----------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent  MOHAMED, NILUFER 4391 BANYAN LANE MIAMI, FL 33137	7. Name and Address of New Registered Agent Name MOHAMED, NILUFER Street Address (P.O. Box Number is Not Acceptable) 101 SANTA BARBARA  City MARATHON FL Zip Code 33050
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mohamed* DATE: 9/27/06

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	MOHAMED, NILUFER <input type="checkbox"/> Delete	NAME	Nilufer Mohamed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4391 BANYAN LANE	STREET ADDRESS	101 Santa Barbara
CITY-ST-ZIP	MIAMI, FL 33137	CITY-ST-ZIP	Marathon, FL 33050
TITLE	V	TITLE	V
NAME	MOHAMED, HANIF <input type="checkbox"/> Delete	NAME	Hanif Mohamed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4391 BANYAN LANE	STREET ADDRESS	101 Santa Barbara
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP	Marathon, FL 33050
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	600080314986 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	09/29/06--01072--006 **158.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mohamed* DATE: 9/27/06 DAYTIME PHONE #: 305-394-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR