

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 22 AM 8:43

**DOCUMENT #**

1. Corporation Name *Key west trim works  
INC.  
PO6000153228*

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

*1700 Patricia St*  
Suite, Apt. #, etc.

**3. Mailing Office Address**

*1700 Patricia St*  
Suite, Apt. #, etc.

**City & State**

*Key west FL*

**City & State**

*Key west FL*

**Zip**

*33040*

**Country**

**Zip**

*33040*

**Country**

**7. Name and Address of Current Registered Agent**

Name *Luisi Vaccaro*

Street Address (P.O. Box Number is Not Acceptable)  
*1700 Patricia St*

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date *1-18-10*

**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
PRES	Luisi Vaccaro	1700 Patricia St	Key west FL 33040

10. E-mail Address: *Key west trim works & Hotmail*

(To be used for future annual report notification)

11. 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. I further certify, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*305-879*