

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000075103

1. Corporation Name

Keys Builders custom Homes Inc

REINSTATEMENT 18-10

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

18672 101ST PL

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 131

Suite, Apt. #, etc.

City & State

MCAIPIN FLA

City & State

MCAIPIN FLA

Zip

32062

Country

FLORIDA

Zip

32062

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

July 01 - 2007

5. FEI Number

260435085

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

William R Keys

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

18672 101ST PL

Suite, Apt. #, Etc.

City

MCAIPIN

State

FL

Zip Code

32062

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William R Keys

Date

1-7-10

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
Pres	William Keys	18672 101ST PL	MCAIPIN FLA 32062

10. E-mail Address:

(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:

William R Keys

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-10

Daytime Phone #