

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TM KEY LARGO, INC.
P 92000011458

2. Principal Office Address

64 Marlin Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Key Largo, Florida

Zip

33037

Country

U.S.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/92

5. FEI Number

223212793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *98-0*

7. Name and Address of Current Registered Agent

Name

MARTIN B. TEPPER

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

64 MARLIN LANE

Suite, Apt. #, Etc.

City

KEY LARGO

State
FL

Zip Code
33037

300003129753-1
-02/09/00--01077--01
***1058.75 ***1058.75

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

Martin B. Tepper

Date 1/25/00

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.	MARTIN B. TEPPER	64 MARLIN LANE	KEY LARGO, FLORIDA 33037
V.P.	CATHE TEPPER	64 MARLIN LANE	KEY LARGO, FLORIDA 33037

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:

Martin B. Tepper
MARTIN B. TEPPER

1/25/00

Date

(212) 319-4040

Daytime Phone #

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR