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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM ED

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 AUG 13 AM 8: 00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 892000011 458

T M Key Largo, Inc

		KLINSTATEMENT 0/- 03
Principal Office Address	3. Mailing Office Address	1

64 Marlin Lane Suite, Apt. #, etc.		Suite, Apt. #, etc. Box.437 City & State Key Largo, FL		08/13/0301064011 **1208.75 Mb) 4. Date Incorporated or Qualified 03/25/96				
						Key Largo, FL		5. FEI Number 223212793
zip 33037				Country Monroe	^{Zip} 33037	Country Monroe	6. CERTIFICATE OF STATUS DESIRED ☑	\$8.75 Additional Fee required for a Certificate of Status
a [‡]	***************************************	7. Name and Address of Current Registered Agent						
	Name Martin Tepper							
	Street Address (P.O. Box Number is Not Acceptable) 64 Marlin Lane							
	Suite, Ap	Suite, Apt. #, Etc.						
	City K	ey Largo			State Zip Code FL 33037			

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 REGISTERED AGENT MUST SIGN Date Aug. 11, 2003						
·	s and Street Addresses of Each Officer and/or Director	or (Florida nonprofit corporations must list at least 3 directors) Street Address of Each				
Titles	Officers and/or Directors	Officer and/or Director	City / State / Zip			
Р —	Martin Tepper	64 Marlin Lane	Key Largo, FL 33037			
VP	Cathe Tepper	64 Marlin Lane	Key Largo, FL 33037			
VP	Abby Tepper	64 Marlin Lane	Keyy Largo, FL 33037			
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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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 11, 2003

305-367-2946

Daytime Phone #

CRZEUGI (10/02)