PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ť

	FLEASE REAL	ALL INSTRUCT	TONS BEFORE			/I. }	
CORPORATION FLORID		FLORIDA DEPAF Secreta	IDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 OCT 28 AM IO: 23 SECRETARY OF STATE TALLAHASSEE FLORIDA		
DOCUMENT # P9300007019 1. Corporation Name					TOLLMIANSEL F	LORIDA	
	k Up's Inc. Key West Bar & Grill						
2. Principa	I Office Address	3. Mailing Office Addr	ailing Office Address		REINSTATEMENT 01-03		
6804 Thomas Dr.		same			O) [ 14: 5 7 34 10		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		porated or Qualified		
City & State	)	City & State	& State		iness in Florida /O	17/93	
Panan	ma City Beach, FL			5. FEI Number Applied For Not Applicable			
<sup>z₀</sup> 32408	Bay	Zip	Country	6. CERTIFICATE	E OF STATUS DESIRED [ ]	58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent							
	Name   Beverly Hill     Street Address (P.O. Box Number is Not Acceptable)   5413 Hilltop Ave.   10/28/03-01054-013   **1050.00						
Suite, Apt. #, Etc.							
	Panama City Beach State FL 32408						
8. I, being Signature of Registered		1/1/1		obligations of secti	on 607.0505 or 617.0503, F	.e. ( ) .e	
9. Names	and Street Addresses of Each Officer a	and/or Director (Florida nonp	rofit corporations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Pres.	Beverly Hill		5413 Hilltop Ave.		Panama City Beach, FL 32408		
V.P.	Waltraud A. Krause		6804 Thomas Dr.		Panama City Beach, FL 32408		
Sec/Tre	Margot Stenger	6804	6804 Thomas Dr.		Panama City Beach, fl 32408		
	· · · · · · · · · · · · · · · · · · ·						
					1		
this rein	that I am an officer or director or the re instatement application, the reason for d by the corporation have been paid and the application is true and applicate, and m	lissolution has been eliminate he names of individuals listed	ed, the corporate name satisfied ton this form do not qualify for	s the requirements an exemption und	of section 607.0401 or 617	7.0401, F.S., that all fees	
SIGNAT	TURE: Device	ly Stell	/	106	4/03 (850)	b30-9099	
	SIGNATURE AND TYPED OR	PRUITED NAME OF SIGNING O	FFICER OR DIRECTOR		Date C	Daytime Phone #	

21 11/3