

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000076171**

1. Corporation Name

**Key Inspection Service, Inc.**

Principal Place of Business

Mailing Address

**6174 9th Ave Circle NE  
Bradenton, FL 34202**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 94-97

**FILED**  
97 MAR 21 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

**10/27/93**

5. FEI Number

**65-0480268**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Karen Johnson	6174 9th Ave. Circle NE	Bradenton, FL 34202

700002122757--7  
-03/24/97--01205--008  
\*\*\*1245.00 \*\*\*1245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Karen Johnson  
6174 9th Ave. Circ. NE  
Bradenton, FL 34202**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Karen M Johnson*  
REGISTERED AGENT MUST SIGN

Date

**3-19-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Karen M Johnson* President

Date

**3-19-97**

Daytime Phone #

**745-5606**

CR2E040 (12/96)