

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 # **P94000001251**

1. Corporation Name

1001 Truman Avenue, Inc.

Principal Place of Business

Mailing Address

**1001 Truman Avenue
Key West, Florida 33040**

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

4. Date Incorporated or Qualified To Do Business in Florida

01/05/94

5. FEI Number

65-0307713

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Donald E. Whitehead	701 Spanish Main Drive	Cudjoe Key, Florida 33042
Director	Donald E. Whitehead	Same as above.	
			100003000651--3
			-09/29/99--01022--017
			***1385.00 ***1350.00

REINSTATEMENT 93-99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Donald E. Whitehead
701 Spanish Main Drive
Cudjoe Key, Florida 33042**

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

Donald E. Whitehead

REGISTERED AGENT MUST SIGN

Date

9/9/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Donald E. Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD E. WHITEHEAD

Date

SEP 29 1999

Daytime Phone #

9/9/99

CR6040 (1/98)

FILED
99 SEP 24 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA