PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

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

1996 OCT 31 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067291

1. Corporation Name

KEY WEST OF PERDIDO KEY, INC.

Principal Place of Business	Mailing Address
1803 6TH AVENUE DECATUR AL 35601	1803 6TH AVENUE DECATUR AL 35601

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: 09/12/1994

5. FEI Number: 63-1126741 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	HAYES, LENNY L	1803 6TH AVENUE	DECATUR AL 35601
D	GOSS, DAVID L	~~1803 14TH AVENUE SE #3~~ 2130 6th Ave SE, Ste. 804	DECATUR AL 35601
			200001998462--2
			-11/07/96--01013--020
			****375.00 ****375.00

REINSTATEMENT and fee

8. Name and Address of Current Registered Agent

SHELL, STEPHEN B
226 S PALAFOX STREET
7TH FLOOR, SEVILLE TOWER
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

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: SIGNATURE REQUIRED — Date: 10/25/96

REGISTERED AGENT MUST SIGN

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: David L. Goss SIGNATURE REQUIRED — 10-23-96 — 205-355-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (7/96)