

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 13 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067291**

1. Corporation Name

Key West of Perdido Key, Inc.

Principal Place of Business

Mailing Address

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

REINSTATEMENT 9899

2. New Principal Office Address, If Applicable

2130 6th Ave. SE

Suite, Apt. #, etc.

Suite 304

City & State

Decatur, AL

Zip

35601

Country

Morgan

3. New Mailing Office Address, If Applicable

P.O. Box 2897

Suite, Apt. #, etc.

City & State

Decatur, AL

Zip

35602

Country

Morgan

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/94

5. FEI Number

63-1126741

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
D	Hayes, Lenny L.	1535 Blackhall Lane SE	Decatur, AL 35601
D	Goss, David L.	2130 6th Ave. SE, ^{Ste} 304	Decatur, AL 35601
D	Hayes, Madge	1535 Blackhall Lane, SE	Decatur, AL 35601
			200003077932--4 -12/22/99--01052--009 ****900.00 ****900.00

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]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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:

DAVID L. GOSS
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-3-99

Daytime Phone #

256-355-2030

KB

CR2001 (12/98)