

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 FEB 28 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300002103323--5  
-03/04/97--01032--007  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

300002103323--5  
-03/04/97--01032--008  
\*\*\*\*\*915.00 \*\*\*\*\*915.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 94000073065

1. Corporation Name

KEY WEST GIFTS TOO, INC.

Mailing Address

Principal Place of Business

9 1/2 US Highway 1  
Key West, Florida 33040

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

2. New Mailing Address, If Applicable

P.O. Box 2368

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/3/94

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Zip

33045

Country

USA

Zip

Country

5. FEI Number

65-0528 504

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
D	MILLAR, WILLIAM R	9 1/2 US HIGHWAY 1	KEY WEST, FL 33040
D,P	RICE-MILLAR, CHERYL	9 1/2 US HIGHWAY 1	KEY WEST, FL 33040
D,S,T	SILVANO, JOSEPHINE	3201 FLAGLER AVE., APT. 601	KEY WEST, FL 33040

REINSTATEMENT

96-97  
2/28/97  
A. Alan  
2/28/97

8. Name and Address of Current Registered Agent

RICE-MILLAR, CHERYL  
9 1/2 US HIGHWAY 1  
KEY WEST, FL 33040

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

2/24/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* CHERYL RICE-MILLAR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (305) 296-5566  
Date Daytime Phone #

CR20040 (6/94)