

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 # **P95000008812**

1. Corporation Name

KEY EQUITY CREDIT CORPORATION

30000199953--8
-11/08/96--01019--021
***375.00 ***375.00

Principal Place of Business

1720 HARRISON ST.
7TH FLOOR
HOLLYWOOD FL 33020

Mailing Address

1720 HARRISON ST.
7TH FLOOR
HOLLYWOOD FL 33020

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

200 COMMERCE DRIVE

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Rochester, NY

5. FEI Number

65-0608201

Applied For

City & State

City & State

Rochester, New York

Not Applicable

Zip

Country

Zip

14623

Country

USA

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)

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
PD	GOLDSTEIN, JULIAN	1000 EAST ISLAND BLVD., UNIT 100	N. MIAMI BEACH FL 33180
SD	GOLDSTEIN, JEREMY	1000 EAST ISLAND BLVD., UNIT 100	N. MIAMI BEACH FL 33180
		200 COMMERCE DRIVE	Rochester New York
			14623

8. Name and Address of Current Registered Agent

SHAPIRO, JAMES J
1720 HARRISON ST.
7TH FLOOR
HOLLYWOOD FL 33020

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

REGISTERED AGENT MUST SIGN

Date **10/19/96**

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)(f), 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

Date

Daytime Phone #

10/18/96 716359-4000

CR20040 (7/96)