

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000021075

1. Corporation Name

KEYS-R-US, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1530 OCEAN BAY DRIVE, UNIT 402
KEY LARGO FL 33037

Mailing Address

1530 OCEAN BAY DRIVE, UNIT 402
KEY LARGO FL 33037
100 E Kentucky Ave
A-6
DeLand FL 32724

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

2. New Principal Office Address, If Applicable

100 E Kentucky Ave
Suite, Apt. #, etc.
A-6

3. New Mailing Office Address, If Applicable

100 E Kentucky Ave
Suite, Apt. #, etc.
A-6

City & State

DeLand FL

City & State

DeLand FL

Zip

32724

Country

Volusia

Zip

32724

Country

Volusia

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

03/15/1995

SP

5. FEI Number

65-0566868

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FREEMAN, GERALD A	1530 OCEAN BAY DRIVE, UNIT 402	KEY LARGO FL 33037
		100 E Kentucky Ave A-6	DeLand FL 32724

600003035476--6
-01/12/00--01012--026
***758.75 ***758.75

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

Gerald A. Freeman

9. Name and Address of New Registered Agent

Name

Gerald Freeman

Street Address (P.O. Box Number is Not Acceptable)

100 E Kentucky Ave

Suite, Apt. #, Etc.

A-6

City

DeLand

State

FL

Zip Code

32724

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 12/22/99

11. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/22/99 (904) 740-055