

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000028867

1. Corporation Name

DOUBLE T OF KEY WEST, INC.

Principal Place of Business

600 WHITEHEAD STREET
KEY WEST FL 33040
US

Mailing Address

600 WHITEHEAD STREET
KEY WEST FL 33040
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1995

5. FEI Number

65-0583925

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRYAN, STEPHEN J	3314 EAGLE AVENUE	KEY WEST FL 33040
D	BRYAN, JEANNA	3314 EAGLE AVENUE	KEY WEST FL 33040
			100004748991--8 -01/03/02--01042--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BOHATCH, JOHN S
19 WEST FLAGLER STREET
14TH FLOOR
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 12/1/01

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 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 #

STEPHEN BRYAN 12/1/01 353 745-3689

FILED

01 DEC 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)