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 #

P95000052403

1. Corporation Name

FILED

97 APR 25 AM 8:50

SECRETARY OF STATE

KEY LARGO PLASTICS, INC.				TALLAHASSEE, FLORIDA	
99198 U.S. HIGHWAY 1 99198 L SUITE 7 SUITE 7		Mailing Address 99199 U.S. HIGHWAY 1 SUITE 7 KEY LARGO FL 33037			
	nddresses are incorrect in any way, line the noipal Office Address, if Applicable Decrease Hw.	3. New Mailing Office Address, If	Applicable 4. Date Inco		
City & State	lavaso, Florida	City & State VA LAY OF Country Zip 33037	5. FEI Num	Applied For Not Applicable ATE OF STATUS DESIRED S8.75 Additional Fee required for a Gertificate of Status	
7. Names	and Street Addresses of Each Officer and	/or Director (Florida nonprofit corpor	ations must list at least 3 directors)		
Title(s)	Name of Officers and/or Directors	ì õi	reet Address of Each fficer and/or Director lse Post Office Box Numbers)	City / State / Zip	
D			SEAS HIGHWAY	KEY LARGO FL 33037	
			4000021641945 -05/02/9701120010		
				****923.75 ****923.75	
				M4-28-97	
	8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent	
FAB	EL, ROY		Name		
104335 OVERSEAS HIGHWAY			Street Address (P.O. Box Number is Not Acceptable)		
KEY	LARGO FL 33037		Suite, Apt. #, Etc.	per is Not Acceptable)	
	1	1 11	City	State Zip Code	
10. I, being appointed the registrated agent of the above famed of poration, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Pagent Registered Agent Registered					
11. Do	pes this corporation pay a pept. of Revenue under S.	any intangible tax to th 199.032, Florida Stat	ne tutes. Yes 🗌 No l	(See other side for information on intangible tax.)	
this rein owed b	nstatement application, the reason for diss	olution has been eliminated, the corp names of individuals listed on this fo	orate name satisfies the requirement rm do not qualify for an exemption	chapter 607 or 617, F.S. I further certify that when filing ints of section 607.0401 or 617.0401, F.S., that all fees under section 119.07(3)(i), F.S. The Information indicated	
SIGNATURE: SIGNATURE and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Described Phone #					