

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -1 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000058062

**1. Corporation Name**

Green Key Investments, Inc.  
6611 US Hwy 19, Suite 510  
New Port Richey, FL 34652

**2. Principal Office Address**  
Same

**3. Mailing Office Address**  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
USA

Zip

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/25/95

**5. FEI Number**

59-3329445

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

James Wilson

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

6611 US Hwy 19

Suite, Apt. #, Etc.

510

City

New Port Richey

State  
FL

Zip Code  
34652

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/24/2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James Wilson	6610 US Hwy 19, Ste 510	New Port Richey, FL 34652
SD	Paul Orphan	6610 US Hwy 19, Ste 510	New Port Richey, F 34652

**10. 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

Jim Wilson 11/24/2003 727-846-0094

Date

Daytime Phone #

CR2E081 (10/02)

**JACOBS ACCOUNTING, INC.**  
**2121 MAIN STREET**  
**DUNEDIN, FL. 34698**

11/20/2003

**FLORIDA DEPARTMENT OF STATE**  
**DIV. OF CORPORATIONS**  
**P. O. BOX 6327**  
**TALLAHASSEE, FL. 32314**

TO WHOM IT MAY CONCERN,

ENCLOSED A CHECK IN THE AMOUNT OF \$ 150.00 FOR THE REINSTATEMENT OF GREEN  
KEY INVESTMENTS, INC.

WE ARE REQUESTING THAT THE LATE FILING FEES BE WAVED. MR. WILSON DID NOT  
RECEIVE THE ANNUAL REPORTS FOR 2003. THEY WERE SENT TO THE OLD ADDRESS.  
WE APPRECIATE YOUR HELP IN THIS MATTER.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THIS MATTER PLEASE CALL 727-210-2552.

RESPECTFULLY SUBMITTED,

  
HARLEY JACOBS  
ACCOUNTANT