

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 # P95000065238

1. Corporation Name

KEYS TRANSMISSION, INC.

Principal Place of Business

**MILE MAKER 100 1/2 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

Mailing Address

**P.O. BOX 210
KEY LARGO FL 33037**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1995

5. FEI Number

65-0604586

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	KAMROW, ERVIN R	% MILE MARKER 100 1/2 OVERSEAS HI	KEY LARGO FL 33037
SVD	KAMROW, ROBIN A	% MILE MARKER 100 1/2 OVERSEAS HI	KEY LARGO FL 33037
			400002352084--0
			-11/19/97--01085--020
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-10-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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

[Signature]

Date

11-10-97

Daytime Phone #

(305) 457-4750

CR2E040 (8/97)

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Sandra B. Mortham
Secretary of State
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

re: Keys Transmission Inc.
PO Box 2110
Mile Marker 100.5 Overseas Hwy.
Key Largo, FL 33037
Document # P95000065238
FEIN 65-0604586

Please find enclosed this corporation's application for reinstatement and check for \$165.00 annual report fee and corporate supplemental fee. Please waive the \$585.00 reinstatement fee. This fee should be waived because this corporation did not receive their annual report form. This corporation did not receive their annual report form because your office mailed it to the wrong address. This corporation's correct mailing address is PO Box 2110, Key Largo, FL. Apparently your office mailed the original annual report form to PO Box 210, Key Largo, FL. Fortunately this notice was delivered to this corporation after the address was corrected at the post office, see copy of corrected address on your notice. Therefore please reinstate this corporation and waive the reinstatement fee. If you need any more information to close this matter we will be happy to provide it.

Sincerely,

Ervin R. Kamrow, Pres.