, ,	PLEASE READ	ALL INSTE	RUCTIONS	BEFORE C	OMPLET	ING THI® FO	X (£.1)
REIN	FDFD STATEMENT	s	DEPARTMEN andra B. Mor Secretary of S ISION OF CORPOR	tham tate		FÎLE 97 NOV DZ	O (2)
DOCUMENT # P95000076283 1. Corporation Name FKC TIBBETTS, INC.						SECRETARY TĄLLAHASSEI	DF STATE F. FLORIDA
Principal Place of Business Mailing Addition 1319 DUVAL STREET 4919-DUVAL KEY WEST FL 33040 KEY WEST			L-STREET				
1-160			Information and enter correction below. ing Office Address, If Applicable The Company of the Co		Date Incorporated or Qualified To Do Business in Florida 10/05/1995		
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State CAPE C			ickory Rd		5. FEI Number	65-0612189 Not Applicable	
Zip	Country	21p 07831	1 Country		CERTIFICATE	OF STATUS DESIRED 🗖	for a Certificate of Status
7. Names and Street Addresses of Each Officer end/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
PD	TIBBETTS, FREDERICK M		3 (Do NOT Use Post Office Box N 1319 DUVAL STREET		KEY WEST FL 33040		
VTD	VTD TIBBETTS, KYLE C			REET 5 Had	cory RA	KEY WEST FL 33040	7. 07834
SD 1188ETTS, CAROLYN J			1319 DUVAL ST	RET 5 Hich	KING BILL	KEY WEST FL 33040	US. 07834
5D	TIBBETTS, DAVID,	A-	1319 Du	110 St	200002346383-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6		
	8. Name and Address of Current F	1	9. Name and Address of New Registered Agent Name				
TIBBETTS, FREDERICK M 1319 DUVAL STREET KEY WEST FL 33040					P.O. Box Number is Not Acceptable)		
City					State Zip Code		
ignature of Registered Agent The GISTERE D AGE NT MUST SIGN 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. Date /////							
1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (See other side for information on intangible tax.)							
2. 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 filling 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 eath.							
IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

FKC TIBBETTS, INC.

5 Hickory Rd. Denville, NJ 07834

Phone: (201) 586-3777, Fax: 0093

November 7, 1997

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

As per your instructions of Oct. 28, 1997, enclosed please find our "Application for Reinstatement" and a check in the amount of \$165.00.

As discussed, we did not receive the first and second notices sent to us. I believe the confusion may have resulted from the fact that while our primary place of business is at 1319 Duval St, We are not the primary business at this address. The primary business is the "Southernmost Motel" and we occupy a small leasehold. Our administrative offices are located in New Jersey, as well our primary address in Key West is a post office box, which we use to avoid any confusion with the primary business.

To avoid any further confusion, I have provided the correct addresses on the application for reinstatement.

Please accept our sincere apology for any inconvenience this matter has caused your or your staff. We are more then happy to comply with the requirements of your office and sincerely hope to avoid these situations in the future.

Should you have any questions or require further information please feel free to contact me, at 212-235-5525

Thank You.

Sincerely,

VP, FKC Tibbetts, Inc.