

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000051214**

1. Corporation Name

Keystone Inn, Inc.

2. Principal Office Address

4015 NE CR 1469

Suite, Apt. #, etc.

City & State

Hawthorne FL

Zip **32640**

Country **US**

3. Mailing Office Address

W02-30195

P.O. Box 1777

Suite, Apt. #, etc.

City & State

Keystone Heights FL

Zip **32656**

Country **US**

4. Date Incorporated or Qualified To Do Business in Florida

06/13/96

5. FEI Number

59-3402428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

800008419428-3
-10/17/02--01020--005
*****1500.00 ***1500.00**

REINSTATEMENT 97-05

7. Name and Address of Current Registered Agent

Name

Bev Pons

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

4015 NE CR 1469

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32641

800008419428

03/03/03--01069--001 *150.00**

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

Belvia Pons

Date

063002

REGISTERED AGENT MUST SIGN

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
owners	John & Bev Pons	4015 NE CR 1469	Hawthorne, FL 32640

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)(ii), 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:

Belvia Pons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #