

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

01 MAY 16 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064493

1. Corporation Name

KEYS EQUITIES, INC.

2. Principal Office Address

P.O. Box 771238

Suite, Apt. #, etc.

N/A

City & State

Coral Springs, FL

Zip

33077

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/31/96

5. FEI Number

applying for number

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

EMO Corporate Services, Inc.

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

100 N.E. Third Avenue, Suite 1100

Suite, Apt. #, Etc.

City

Fort Lauderdale, FL

State

FL

Zip Code

33301

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

*Debra H. Chrystie*

Debra H. Chrystie, Asst. Sec.

Date May 9, 2001

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
P/T/S D	Michael Oliver	11010 S.W. 1st Court	Coral Springs, FL 33071
			200004271422--8 -05/18/01--01090--002 *****608.75 *****608.75
			7/3
			98-01UBR

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:

*Michael Oliver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Oliver, President

Date

Daytime Phone #

May 4, 2001

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

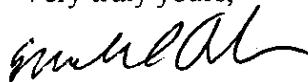
TO WHOM IT MAY CONCERN

RE: KEYS EQUITIES, INC.

I was informed by counsel when they ran a printout from the Secretary of State on my Corporation, that my Corporation had been administratively dissolved due to the fact that the annual reports had not been filed. I have never received any annual reports, it was therefore impossible for me to file any. I have changed our address since the formation of this corporation and therefore the forms may have been sent to the old address and not forwarded on to my new one.

I ask that you take all factors into consideration and waive the fee, and let me reinstate my corporation with the documentation attached.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Oliver", written in a cursive style.

Michael Oliver