PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.
REINSTATEMENT	FLORIDA DEPARTME Sandra'B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	1	APPROVED. 100
DOCUMENT # 2003 P96000014083				18 16 NA 05 NA 186
1. Corporation Name  A+R oF the Keys				SECRETARY OF STATE TALLAHASSEE, FLORIDA
And Ad				IALLAMASSEE, FLORIDA
Principal Place of Business 24540 Overseas Klighwa	Mailing Address	70		
24540 Overseas Highwa Summerland Key FL	33042	_ A	2-	
If above addresses are incorrect in any way, line thr		correction below.		
2. New Principal Office Address, If Applicable	P.O. Boy 421239		4. Date Incorporated or Qualified To Do Business in Florida 9/0/96	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Summer land Ke  City & State  City & State		y FL	5. FEI Number	698959 Applied 1 of
Zip Country	33042-1239 Zip Country	NROE	6. CERTIFICATE	Not Applicable  S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corpora	ations must list at lea		Total Contract of Oracles
Title(s)		eet Address of Each ficer and/or Director se Post Office Box N	lumbers)	City / State / Zip
Prestantice V. Melillo BORD TOHNSON ROAD # 95 Sugarlouf Kuy. FL				
whose Decell A DI				
THE SOUTH SHIPE		155 15.000	81	SANIE AS BISOUR 000024227482
				-02/05/9801093003 ****315.00 ****315.00
				0 (11w201998)
				U. og CM. 791
8. Name and Address of Current	Registered Agent	<del></del>	9. Name and A	ddress of New Registered Agent
<del></del>	† <del></del>			
Lynne Fielder, Esq. Po Box 420973 19980 OVERSEAS HWY. Summeriand Key, Fr.	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
SUMMERIAND KEY, FL 33042		City State 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 CH Jul ( REGISTERED AGENT MUST SIGN Date / - 26 - 98				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No				
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: Chi V. Melillo, PRESIDENT Alice V. Melillo 1/27/98 745- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Dato Daylime Phone #				

FROM: A+R of The Keys, Inc. dbn Summaeinno Pizza P.O. Bx 421239 Summeeinno Key, Flagion 33042

TO:
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPOREATIONS
P.O. BX 6327
TALLAHASSEE, FLORIDA
32314

To Whom IT MAY CONCERN:

During THE FIRST WEEK OF THIS YEAR, QUITE BY ACCIDENT, WE LEARNED THAT OUR CORPORATION HAD BEEN DISSOLUED. IT SEEMS THAT OUR ANNUAL REPORT WAS SENT TO OUR Physical Address Which IS AN OLD BATTERED MILL BOX ON U.S. I. WE DON'T KNOW IF THE REPORT WAS STOLEN OR WHAT, BUT WE NEVER GOT IT. BEING FIRST TIME CORPORATION OWNERS, WE DIDN'T EVEN KNOW AN ANNUAL REPORT EXETED.

AFTER CALLING THE DIVISION OF CORPORATIONS AND RECEIVING THE APPLICATION FOR REINSTATEMENT I CALLED THE NUMBER ON THE FORM AND THELED TO AMY ALLEN ABOUT CONTESTING THE FINE. SHE SUGGESTED WE DOCUMENT THE CIRCUMSTANCES AND SEND A CHECK FOR 31500 DOLLMES, WHICH I ASSUME THIS LETTER ACCOMPLISHES. SHE ALSO SAID SHE WOULD SEND ME AN ANNUAL REPORT TO fill OUT which WE WILL DO ASAP. I AM SENDING ALONG THE COMPLETED RE-INSTATEMENT FORM IT IT HELPS ANY,

THANK YOU FOR YOUR CONSIDERS TION AND COOPERATION.