

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 15 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000094488**

1. Corporation Name

KEY REALTY OF CENTRAL FLORIDA, INC.

Principal Place of Business

**726 LEEWARD DRIVE
DELTONA FL 32738**

Mailing Address

**726 LEEWARD DRIVE
DELTONA FL 32738**



REINSTATEMENT

47-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**1308 E NORMANDY BLVD
SUITE, Apt. #, etc.
STE # E**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

11/19/1996

5. FEI Number

59-3406327

Applied For

Not Applicable

City & State

DELTONA FL

City & State

Zip

32725

Country

VOLOSIA

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

38.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	GLEN STEWART	726 LEEWARD DR	DELTONA FL 32738

7000002531197-1
-05/21/98-01008-028
***1000.00 ***1000.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STEWART, GLEN
726 LEEWARD DRIVE
DELTONA FL 32738**

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 **5-12-98**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-98

Date

407 574-2100

Daytime Phone #

CR20040 (8/97)