

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 22 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099210

1. Corporation Name

KEYSTONE PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

2663 AIRPORT ROAD SOUTH #D-107
NAPLES FL 34112
US

2663 AIRPORT ROAD SOUTH #D-107
NAPLES FL 34112

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

2. New Principal Office Address, If Applicable

8793 TAMiami TRAIL EAST

Suite, Apt. #, etc.

207

City & State

NAPLES FL

Zip

34113

Country

US

3. New Mailing Office Address, If Applicable

8793 TAMiami TRAIL EAST

Suite, Apt. #, etc.

207

City & State

NAPLES FL

Zip

34113

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1996

5. FEI Number

65-0527048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	MERRITT, ROBERT A	2000 DAVIS BLVD	SARASOTA FL 34237
P/D	MUTH, GARRY	840 - 5th STREET, SW.	NAPLES, FL 34117
VP	MULLINS, RANDALL L	416 4TH AVE NE	LARGO FL MARCO ISLAND
VP/D	LAPIANS, MICHAEL	452 NO. COLLIER BLVD	FL 34145
VP/D	BIACI, MICHAEL S	702 33RD AVENUE NORTH	NAPLES FL 34108
S/D	BURRUS, JANICE	1071 So. BARFIELD DR.	FL 34145
CO	MUTH, GARRY	20402 VANDERBILT DR	NAPLES FL

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

MUTH, GARRY
2663 AIRPORT ROAD SOUTH #D-107
NAPLES FL 34112

9. Name and Address of New Registered Agent

Name
JANICE BURRUS
Street Address (P.O. Box Number is Not Acceptable)
8793 TAMiami TRAIL EAST
Suite, Apt. #, Etc.
207
City
NAPLES
State
FL
Zip Code
34113

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

JANICE BURRUS
REGISTERED AGENT MUST SIGN

Date 11-18-99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/99)