

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

99 FEB - 9 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006783

1. Corporation Name

KEY PARADISE DESIGNS, INC.

Principal Place of Business

P.O. BOX 490118
KEY BISCAYNE FL 33149

Mailing Address

P.O. BOX 490118
KEY BISCAYNE FL 33149

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
01/23/1997

5. FEI Number

65-073-4444

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 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
D	ROMANO, PATRICIA	P.O. BOX 490118 N/A	KEY BISCAYNE FL 33149

900002776059--5
-02/15/99--01133--022
****900.00 ****900.00

8. Name and Address of Current Registered Agent

GARCIA, WILLIAM ESQUIRE
GARCIA & AVELLAN, P.A.
306 ALCAZAR AVENUE, SUITE 302
CONAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **PATRICIA ROMANO**
Street Address (P.O. Box Number is optional) **6015 GLENRIDGE RD.**
Suite, Apt. #, etc.
City **KEY BISCAYNE** State **FL** Zip Code **33149**

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

Patricia Romano
REGISTERED AGENT MUST SIGN

Date

1/14/99
002-10-99

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:

Patricia Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 **305-365-7804**
Date Daytime Phone #

CR2E04C (9/98)