

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000021062**

1. Corporation Name

C.A. of Key West Inc.
425 FRONT ST.
Key West, FL 33040

Principal Place of Business

Mailing Address

425 FRONT ST.
Key West, FL 33040

425 FRONT ST
Key West, FL 33040

REINSTATEMENT **00-02**

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

4. Date Incorporated or Qualified
To Do Business in Florida

3/07/97

5. FEI Number

65-0733180

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)

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

Pres **CARLOS RODRIGUEZ**

425 FRONT ST

KEY WEST, FL 33040

700009008147
11/14/02--01089--023 **1050.00

Rodriguez

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLOS RODRIGUEZ
425 FRONT ST.
KEY WEST, FL 33040

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 *Carlos Rodriguez*

REGISTERED AGENT MUST SIGN

Date **11/10/02**

11. This corporation owes 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:

Carlos Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS RODRIGUEZ, PRESIDENT

Date

11/10/02

Daytime Phone #

CR2E081 (12/98)