

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P97000034638

1. Corporation Name

L & M OF THE FLORIDA KEYS, INC.

2. Principal Office Address

7537 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 510456

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Key Colony Beach, FL

Zip

33050

Country

USA

Zip

33051

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/17/1997

5. FEI Number

650745736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leigh Ann Card

Street Address (P.O. Box Number is Not Acceptable)

7537 Overseas Highway

Suite, Apt. #, Etc.

City

Marathon

State

FL

Zip Code

33050

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

12/6/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Leigh Ann Card	7537 Overseas Hwy	Marathon, FL 33050

10. 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:

Leigh Ann Card

12/6/02

305-743-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)