

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000034 *6238*

1. Corporation Name

**L & M OF THE FLORIDA KEYS, INC.**

2. Principal Office Address

**7537 Overseas Hwy**

Suite, Apt. #, etc.

City & State

**Marathon, FL**

Zip **33050**

Country **US**

3. Mailing Office Address

**7537 Overseas Hwy**

Suite, Apt. #, etc.

City & State

**Marathon, FL**

Zip **33050**

Country **US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/17/1997**

5. FEEL Number

**650745736**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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 Hwy**

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

*LA Card*

Date **1-19-06**

REGISTERED AGENT MUST SIGN

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
PD	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 contained in Chapter 119, 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:

*LA Card*

**Leigh Ann Card**

**1-19-06**

**305-743-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 19, 2006

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

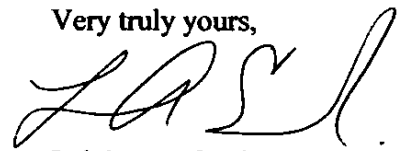
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Re: Reinstatement Fees for L & M of the Florida Keys, Inc. FEI 650745736

Doc #P97000034638

Please be advised that I did not receive the annual report notice the year I was dissolved or at anytime thereafter. I had my attorney get me reinstated back in 2002 for a considerable late fee. The post office box address "P.O. Box 510456, Key Colony Beach FL 33051" would seem to be the problem as that address was no longer my address. I request waiver of late fees and reinstatement as soon as possible.

Very truly yours,



Leigh Ann Card, Pres.

JC/sm

(305)743-2001  
7537 Overseas Hwy  
Marathon, FL 33050