

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 SEP 22 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A47000072087

1. Corporation Name

Keijo Enterprises, Inc

2. Principal Office Address

5435 Japonica Ave

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32507

Country

U.S.

3. Mailing Office Address

"same"

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

U.S.

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/1997

5. FEI Number

593466097

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

JoAnn Chavis

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

5435 Japonica Avenue

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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

JoAnn Chavis
REGISTERED AGENT MUST SIGN

Date

9-19-2006

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
ST	Keith W Chavis	5435 Japonica Ave	Pensacola, FL 32507
P	JoAnn H Chavis	5435 Japonica Ave	Pensacola, FL 32507

600080223326

09/27/06--01048--024 **600.00

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:

JoAnn Chavis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JoAnn Chavis

Date

Daytime Phone #

850-434-2411

9/26/06