

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 OCT 25 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078617

99 AK

1. Corporation Name

THE KEY LARGO CORPORATION

Principal Place of Business

28600 SOUTHWEST 132ND AVENUE  
HOMESTEAD FL 33033

Mailing Address

28600 SOUTHWEST 132ND AVENUE  
HOMESTEAD FL 33033



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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/1997

5. FEI Number

65-0782962

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DUREIKO, JOSEPH E	28600 SOUTHWEST 132ND AVENUE	HOMESTEAD FL 33033
SVD	LAVOIE, DONNA	28600 SOUTHWEST 132ND AVENUE	HOMESTEAD FL 33033

000003040230--9  
-11/09/99--01088--018  
\*\*\*\*400.00 \*\*\*\*400.00

8. Name and Address of Current Registered Agent

DUREIKO, J.E.  
406003 OVERSEAS HWY  
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-20-99

11. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DUREIKO, Joseph E. 10-20-99

19-20-79

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Sec of St.

I mailed in the \$150.00 to keep the  
Key Long Corp Active but  
~~the~~ obviously I owe you another  
400.00 (Enclosed) the keep the corp.  
Active.

I request any additional  
late fees be waived.

Yours Truly

JL Limbo pres.