PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 30 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12:30 DJ

DOCUMENT # P97000087047

1. Corporation Name
KEY WEST BANCGROUP, INC.

REINSTATEMENT 2011

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1009 Simonton Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State
Zip: 33040 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650807101 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Richard M. Klitenick, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1009 Simonton Street

Suite, Apt. #, Etc.

City: Key West | State: FL | Zip Code: 33040

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01/03/12--01002--003 **750.00

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 _____ Date 12/28/2011

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
DP	Hogue, Philip	1248 Ocean Drive	Summerland Key, FL 33040
D	Finigan, Mark	30 Calle Uno	Key West, FL 33040
D	Greene, Marva	1604 Bahama Dr	Key West, FL 33040
D	Klitenick, Richard M	1009 Simonton Street	Key West, FL 33040
D	Botway, Clifford A	460 Beechmont Dr	New York, NY

10. E-mail Address: richard@rmkpa.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ RICHARD KLITENICK, VP 12-28-2011 305-292-4101 12-28-11 3052924101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #