

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 26 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097982

1. Corporation Name

Kingfisher of Key West, inc.

REINSTATEMENT 00-06  
33040

CR2E081 (12/05)

2. Principal Office Address

100 Bay Dr Key West

3. Mailing Office Address

100 Bay Dr. Key West, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West

City & State

Key West FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/1997

5. FEI Number

650801700

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

Melodyc J. Reger

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

100 Bay Dr.

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5.30.2006

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
D	Melodyc Reger	100 Bay Dr	Key West FL 33040

300077139299  
07/07/06--01024--006 \*\*1658.75

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melodyc Reger

5/30/06

Date

305-292-2211

Daytime Phone #

Melodye Reger  
Kingfisher of Key West, inc.  
The Hickory House  
5948 Peninsular Ave.  
Key West, Florida 33040  
1-305-292-2211

Dept. of State,

I am writing to request that my corporation be reinstated. I never received any notice that my corporation was being dissolved.

Thank you,

A handwritten signature in black ink, appearing to read 'Melodye Reger', followed by a long horizontal line extending to the right.

Melodye Reger

Kingfisher of Key West.inc.

Doc.# P97000097982

Fin # 650801700