

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:48

DOCUMENT # **P98000024683**

1. Corporation Name

KEYSTONE INCOME VERIFICATION, INC.

Principal Place of Business

Mailing Address

5524 LAKE TERN COURT
COCONUT CREEK FL 33073

5524 LAKE TERN COURT
COCONUT CREEK FL 33073

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

03/16/1998

5. FEI Number

52-2108234

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAZZONI, AMY	5524 LAKE TERN COURT	COCONUT CREEK FL 33073
D	MAZZONI, DONNA	5524 LAKE TERN COURT	COCONUT CREEK FL 33073
D	CHAMBER, ANGELA	205 HIGHTS LANE APT 202A	FLORIANVILLE FL 32038
D	CHAMBER, EVAN	10400 W CAMPBELL ROAD	CORAL SPRINGS FL 33065
			SP

8. Name and Address of Current Registered Agent

BECK, WENDY
2000 WEST COMMERCIAL BOULEVARD
SUITE 232
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name Feinberg, Melvin
Street Address (P.O. Box Number is Not Acceptable)
1444 NW 97th Terrace
Suite, Apt. #, Etc.
City Coral Springs State FL Zip Code 33071

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

Melvin Feinberg **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Melvin Feinberg **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 954-418-9153

CR2ED40 (8/01)

202

5524 Lake Tern Court
Coconut Creek, FL 33073
October 15, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: P98000024683
Keystone Income Verification, Inc.

To Whom It May Concern:

We are enclosing an Application for Reinstatement for the above corporation.

We filed the annual report April 28, 2001 including a check for the \$150 fee. The check was cashed by your office on May 15, 2001 (see copy of cancelled check). We have not received any correspondence from your office stating that the annual report was not accepted until the Notice of Administrative Dissolution or Revocation to which we are responding.

We request that you accept this form and waive the additional fees.

Your cooperation in this matter will be greatly appreciated.

Sincerely,



Donna Mazzoni
President