

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 2004 8:00**  
**Secretary of State**

**DOCUMENT # P98000064742**

**1. Corporation Name**

PLANET OF KEY WEST, INC.

**2. Principal Office Address**

130 DUVAL STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

US

**3. Mailing Office Address**

130 DUVAL STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

US

**REINSTATEMENT**

**6304**

**4. Date Incorporated or Qualified**

To Do Business in Florida 11/25/1996

**5. FEI Number**

65-0852033

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

PETER P. PARISI

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

4045 N. W. 16TH. STREET

Suite, Apt. #, Etc.

SUITE 111

City

FT. LAUDERDALE

State

FL

Zip Code

33313

100035556941  
05/06/04--01021--019 \*\*900 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

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
D	CLAUDE LEVY	2778.N.W. 31ST. AVENUE	FT. LAUDERDALE, FL.
D	RALPH JAMAL	2778 N.W. 31ST. AVENUE	FT. LAUDERDALE, FL.
D	JUDITH GREENBERG	2778 N.W. 31ST. AVENUE	FT. LAUDERDALE, FL.

**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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE LEVY

Date

4/29/04

954-655-8384

Daytime Phone

mw

CR2E081 (01/04)