

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV 14 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100076

1. Corporation Name

CYBER KEY, INC.

Principal Place of Business

640 ELMA AVENUE  
PINEY POINT  
BIG PINE KEY FL 33043

Mailing Address

640 ELMA AVENUE  
PINEY POINT  
BIG PINE KEY FL 33043



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

25 BEACH WALKER RD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

25 BEACH WALKER RD.

Suite, Apt. #, etc.

City & State

AMELIA ISLAND FL

Zip

32034

Country

City & State

AMELIA ISLAND, FL.

Zip

32034

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/1998

5. FEI Number

65-0881336

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TAYLOR, M.J.	640 ELMA AVENUE - PINEY POINT 25 BEACH WALKER RD	BIG PINE KEY FL 33043 AMELIA ISLAND FL 32034

800003493198--2  
-12/11/00--01032--009  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT DO ITS

8. Name and Address of Current Registered Agent

BLUM, SAMUEL SPENCER  
2666 TIGERRAIL AVENUE  
SUITE 106  
COCONUT GROVE FL 33133

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/9/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.6.00

Daytime Phone #

904.491.0154

CR2E040 (8/00)