

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV -9 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000106506*

1. Corporation Name

KEYS TO COLLEGE, INC.

2. Principal Office Address

499 SILVERLACE DRIVE

Suite, Apt. #, etc.

City & State

CASTLE ROCK, COLORADO

Zip

80104

Country

USA

3. Mailing Office Address

10259 LONGVIEW DRIVE

Suite, Apt. #, etc.

City & State

LITTLETON, COLORADO

Zip

80124

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/98

5. FEI Number

65-0884560

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

KIMBERLY W. DUNCAN

300003467773--9

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

910 LOBSTER LAKE

-11/16/00--01051--017

******8.75 *****8.75*

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

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

Kimberly W. Duncan
REGISTERED AGENT MUST SIGN

Date *11-8-00*

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
PD	KIMBERLY W. DUNCAN	910 LOBSTER LAKE	KEY LARGO, FL 33037
			<i>300003467773--9</i> <i>-11/16/00--01051--018</i> <i>*****900.00 *****900.00</i>

REINSTATEMENT

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

Date

11-8-00

Daytime Phone #