

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400011777874
02/04/03--01031--005 **608.75

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9900000 1917

1. Corporation Name

2. Principal Office Address

3. Mailing Office Address

141 NORTH SUNRISE DR 141 N. SUNRISE DR.
Suite, Apt. #, etc.

TAVERNIER, FL
City & State

City & State
TAVERNIER, FL

Zip Country
33070 USA

Zip Country
33070 USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-99

5. FEI Number

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
NATHALIE DELHAES

Street Address (P.O. Box Number is Not Acceptable)
141 NORTH SUNRISE DR

Suite, Apt. #, Etc.

City State Zip Code
TAVERNIER FL 33070

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

Nathalie Delhaes

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
PRESIDENT	NATHALIE DELHAES	141 NORTH SUNRISE DR	TAVERNIER, FL 33070

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:

Nathalie Delhaes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

js 2/10/03

January 24, 2003

B KEY Z, INC
141 North Sunrise Dr.
Tavernier, FL 33070

Florida Department of State
Division of Corporations

Re: Waving of reinstatement fees.

To Whom It May Concern:

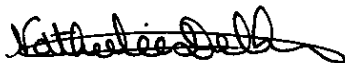
I am asking that you wave the reinstatement fees as I have never received the forms for the annual reports. Unfortunately, in the past some of our mail was never received as it went through a mail room that services several businesses. I have not received these reports at my home either. Had I received them they certainly would have been filled out and sent to your offices.

I have never received a notice that the corporation had been placed in an inactive status. Had I received such a notice, I would have certainly complied to remedy this problem.

To be sure this will not happen again; I will change the mailing address so that I will receive all correspondences directly.

Thank you for your consideration on this matter.

Sincerely,



Nathalie Delhaes
President