

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

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DOCUMENT # P99000012396

1. Corporation Name

KEYSIDE REALTY, INC.

Principal Place of Business

Mailing Address

~~127 E ZARAGOZA ST., STE. 205~~  
PENSACOLA FL 32561

~~127 E ZARAGOZA ST., STE. 205~~  
PENSACOLA FL 32561

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

2. New Principal Office Address, If Applicable

5252 Springdale DR

Suite, Apt. #, etc.

City & State  
Milton FL

Zip  
32570

Country  
USA

3. New Mailing Office Address, If Applicable

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/1999

5. FEI Number

59-3556308

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
P	MALE, BEVERLY E	<del>127 E ZARAGOZA ST SUITE 205</del> 5252 Springdale DR	<del>PENSACOLA FL 32561</del> Milton FL 32570

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-12/04/01--01065--009

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

MALE, BEVERLY ELLEN

~~214 SABINE DR~~

~~PENSACOLA FL 32561~~

5252 Springdale DR  
Milton

9. Name and Address of New Registered Agent

Name

SAME

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

Beverly E. Male

Date

11-6-2001

REGISTERED AGENT MUST SIGN

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:

Beverly E. Male

Beverly E. male

Date

Daytime Phone #

11-6-2001 - 850 981-0961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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*Keyside Realty Inc*  
*Beverly E. Male*  
5252 Springdale Dr  
Milton Florida 32570 850-981-0961  
bemale@home.com

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November 7, 2001

To Whom It May Concern:

I am attaching this letter to the application to reinstate my Corporation. I did not receive any other notice until I received this one. I would like to be reinstated as soon as possible.

Thank You,  
*Beverly E. Male*  
Beverly Male,  
President