


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000066735			
1. Corporation Name FORCE ONE OF KEY WEST, INC.			
2. Principal Office Address 3491 N. Roosevelt Blvd Suite, Apt. #, etc. City & State Key West FL Zip Country 33040 USA		3. Mailing Office Address P.O. Box 5528 Suite, Apt. #, etc. City & State Key West FL Zip Country 33040 USA	
		4. Date Incorporated or Qualified To Do Business in Florida 07/21/99	
		5. FEI Number 65-0936463 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Albert L. Kelley			
Street Address (P.O. Box Number is Not Acceptable) 926 Truman Ave.			
Suite, Apt. #, Etc.			
City Key West		State FL	Zip Code 33040
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 8-28-01	
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
P/D	Louetta Kramer	P.O. Box 5528	Key West, FL 33040
VP/D	Walter Kramer	3314 Northside Dr., #107	Key West, FL 33040
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: Louetta Kramer		Date 8/28/01	Daytime Phone # 305-294-1039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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