

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 14 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000088063**

1. Corporation Name

Kwik Key of South FL, INC.

900037341199
05/26/04--01049--011 **150.00

03-01

2. Principal Office Address

18331 NE 4TH CT.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33179

Country

DADE

Zip

33179

Country

DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0973286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

04-19-04 90690 002 \$ 8.75
04-19-04 90690 001 \$ 150.00

7. Name and Address of Current Registered Agent

Name

JOSEPH VALENZANO

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

18331 NE 4TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

REINSTATEMENT

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

Joseph Valenzano

REGISTERED AGENT MUST SIGN

Date

5-10-04

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
PRES.	JOSEPH VALENZANO	18331 NE 4TH CT	MIAMI FL 33179

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:

Joseph Valenzano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04

Date

(305)

770-2490


Daytime Phone #

CR2E081 (10/02)

2082

I HAD A HEART (♥) OPERATION AND NEVER RECEIVED
ANY RENEWAL NOTICE WHILE I WAS IN THE
HOSPITAL JAN-MARCH 2003 I AM BETTER NOW
AND TRYING TO START THE BUSINESS AGAIN - THANK
YOU FOR YOUR HELP.

JOSEPH VALENZANO
18331 N.E. 4TH CT.
MIAMI, FL 33179



Request taken by: kdsutphin
04-30-2004

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314