

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -6 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000090539**

1. Corporation Name

**KEY WEST COFFEE BAR, INC.**

Principal Place of Business

**420 FRONT ST.  
KEY WEST FL 33040**

Mailing Address

**420 FRONT ST.  
KEY WEST FL 33040**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/14/1999**

5. FEI Number

**65-0954400**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KUNKEL, JOHN H III	1120 VON PHISTER ST.	KEY WEST FL 33040
D	WILLIAMSON-KUNKEL, ANGELA	1120 VON PHISTER ST.	KEY WEST FL 33040

700009827397  
01/06/03-01004-006 \*\*150.00

8. Name and Address of Current Registered Agent

**GARDENAS, SUSAN  
221 SIMONTON STREET  
KEY WEST FL 33040**

9. Name and Address of New Registered Agent

Name **Angela Williamson-Kunkel**  
Street Address (P.O. Box Number is Not Acceptable)  
**418 Front St.**  
Suite, Apt. #, Etc.  
City **Key West, Fl.** State **FL** Zip Code **33040**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
*Angela Williamson-Kunkel*  
REGISTERED AGENT MUST SIGN

Date **12-23-02**

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:

**SIGNATURE REQUIRED**  
*Angela Williamson-Kunkel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-23-02**  
Date

**305-295-1320**  
Daytime Phone #

CR2E040 (8/02)

**KEY WEST COFFEE BAR  
420 FRONT ST  
KEY WEST, FLORIDA 33040**

**DECEMBER 23, 2002**

**DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

**TO WHOM IT MAY CONCERN,**

**PLEASE FIND ENCLOSED THE APPLICATION FOR REINSTATEMENT  
FOR THE KEY WEST COFFEE BAR. WE RECEIVED NON OF THE  
PREVIOUS NOTICES AND THEREFORE REQUEST REINSTATEMENT  
WITHOUT PENALTY. ENCLOSED PLEASE FIND A CHECK IN THE  
AMOUNT OF \$150.00. THANK YOU IN ADVANCE.**

**SINCERELY,**

A handwritten signature in black ink, appearing to read "Angela Williamson-Kunkel", written in a cursive style.

**ANGELA WILLIAMSON-KUNKEL,  
PRESIDENT,KEY WEST COFFEE BAR**