

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 21 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094883

1. Corporation Name

KEY VIEW, INC.

2. Principal Office Address

808 Brickell Key Drive

Suite, Apt. #, etc.

907

City & State

Miami, Florida

Zip

33131

Country

U.S.

3. Mailing Office Address

808 Brickell Key Drive

Suite, Apt. #, etc.

#907

City & State

Miami, Florida

Zip

33131

Country

U.S.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1999

5. FEI Number

- 65-095,7523

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

Douglas E. Ede, Esq.

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

6361 Sunset Drive

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date

2/1/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTO	Roberto Escarpenter	808 Brickell Key Drive # 907	Miami, Florida 33131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/06/01 305 632 1595