

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN -6 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
PERSONAL TOUCH Enterprises by KEO INC.
999000096939

500005822425--9
-06/18/02--01072--023
****450.00 ****450.00

2. Principal Office Address *#137*
222 INDUSTRIAL BLVD

3. Mailing Office Address
SARASOTA

Suite, Apt. #, etc.
#137

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

Zip
34104

Country
Collier

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593607970

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a 12/31 date of Status

7. Name and Address of Current Registered Agent

Name
NICOLE FOLEY

Street Address (P.O. Box Number is Not Acceptable)
222 INDUSTRIAL BLVD #160

Suite, Apt. #, Etc.
#160

City
NAPLES

State
FL

Zip Code
34104

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
Nicole Foley

REGISTERED AGENT MUST SIGN

Date
6/4/02

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
<i>Pres</i>	<i>DAVID SOLON</i>	<i>6235 14th Ave SW NAPLES, FL</i>	<i>34116</i>
<i>VP</i>	<i>KENNETH SOLON</i>	<i>5436 32nd Ave SW NAPLES, FL</i>	<i>34116</i>
		<i>351.25-AR</i>	
		<i>10.00-ARARIS</i>	
		<i>88.75-AR SURP</i>	

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 examination 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]* *VP* *6/4/02* *(239) 434-0858*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORPORATION (PROT)