

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 APR 21 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **514329**

1. Corporation Name

**Keystone Interest, Inc.**

2. Principal Office Address

**7312 Cove Terrace**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

Zip

**34231**

Country

**Sarasota**

Zip

Country

**REINSTATEMENT**

**20-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/23/1990**

5. FSI Number

**593038911**

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

**Jeffrey Meehan**

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

**7312 Cove Terrace**

Suite, Apt. #, Etc.

City

**Sarasota**

State

**FL**

Zip Code

**34231**

**200073741172**  
**05/02/06--01058--003 \*\*150.00**

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

**1/4/06**

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	Jeffrey Meehan	7312 Cove Terrace	Sarasota, FL 34231

**2000737411369**  
**05/02/06--01058--004 \*\*1500.00**

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 contained in Chapter 119, 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 #

**1/4/06**

**813 334 1855**

2 of 2

***Keystone Interest, Inc.  
7312 Cove Terrace  
Sarasota, Florida 34231  
813 251-1221***

April 13, 2006

Barbara Mitchell  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Letter Number 806A00001752

Dear Ms. Mitchell:

I am returning my application for reinstatement of Keystone Interest, Inc. The other entity, Keystone Interest, LLC, is also my company. I was told by your division if I was the principal in each entity it would not be considered a duplicate of entity name.

Please proceed with reinstatement of Keystone Interest, Inc. If you have any questions, please let me know.

Sincerely,



Jeff Meehan