

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING



FLORIDA DEPARTMENT OF STATE
 JAMES B. MORTHAM
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # S16109

1. Corporation Name

KEY INGREDIENTS, INC.

Principal Place of Business

Mailing Address

11400 OVERSEAS HIGHWAY
 SUITES 116 AND 117
 MARATHON FL 33050

11400 OVERSEAS HIGHWAY
 SUITES 116 AND 117
 MARATHON FL 33050

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida

11/29/1990

5. FEI Number

65-0232294

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVD	TEDESCO, ROBERT J	300 62ND ST.	MARATHON FL 33050
STD	TEDESCO, DEBORAH A	300 62ND ST.	MARATHON FL 33050

200002720712--3
 -12/23/98--01049--004
 ****150.00 ****150.00

12/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEDESCO, ROBERT J
 300 62ND ST.,
 MARATHON FL 33050

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FLORIDA

FL

33050

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.

Signature of
 Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-9-98

11. This corporation owes or has paid the current year
 Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
 on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-9-98

CR2040 (8/98)