

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27145

1. Corporation Name

Florida Keys Appraisal Services, Inc.

2. Principal Office Address - No P.O. Box #

3208 Flager Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

← Same
Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Zip

33040

Country

USA

Zip

Country

200145936832

03/16/09--01051--002 **\$600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/92

5. FEI Number

65-0260397

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

Kevin TAUBOTT

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

3208 Flager Ave.

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/10/09

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 |
|--------|--------------------------------------|---|--------------------|
| DP | TAUBOTT, Kevin | 3208 Flager Ave. | Key West, FL 33040 |
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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 #

3

305-296-0831