

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S69149

1. Corporation Name

KEY WEST HAVANA, INC.

Principal Place of Business

Mailing Address

700 DUVAL ST
KEY WEST FL 33040700 DUVAL ST
KEY WEST FL 33040

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

FILED

03 NOV 14 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1991

5. FEI Number

65-0282522

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CULVER-AVERSA, AMY	700 DUVAL ST	KEY WEST FL 33040
D	AVERSA, GIORGIO	700 DUVAL ST	KEY WEST FL 33040

700024164397
10/27/03--01049--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVERSA, GIORGIO
700 DUVAL ST
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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 #

CR2040 (7/03)



**Saunders &
Thompson, LLC**
Certified Public Accountants

Scott Saunders, C.P.A.
Lauren Thompson, C.P.A.

October 16, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *Key-west Havana, Inc.*
Document # S69149

Dear Department of State Representative:

Enclosed please find application for reinstatement and a check in the amount of \$150.00 for the above-referenced corporation. It is respectfully requested that the \$600.00 reinstatement fee be abated for cause.

During 2003, the sole shareholder and manager of Key West Havana, Inc. experienced serious medical problems. Specifically, he was diagnosed with diverticulitis. As a result of this condition, certain of his day-to-day responsibilities could not be performed.

This being the case, it is possible that the initial and follow-up annual reports sent earlier in the year were misplaced or even lost as a result of Giorgio being hospitalized and missing work for weeks at a time.

For this reason, it is respectfully requested that the \$600.00 reinstatement fee be abated and Key west Havana, Inc. be reinstated as an active Florida corporation. As part of your consideration, please note Key West Havana, Inc.'s ten-year history of timely filed annual reports.

Should you require additional information with regard to our request, please do not hesitate to contact me.

Sincerely,

Scott Saunders, CPA

/sas

cc: Giorgio Aversa, Key west Havana, Inc.