## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	FOR Sandra B. Mortham			FILED		
REINSTATEMENT	D)	Secretary of S				
DOCUMENT # S71		VIOLOTY 07 00111 01			7 JAN -2 AM	
1. Corporation Name KEY WEST SUNSET, INC.				7	SECRETARY OF ALLAHASSEE, F	SIAIE LORIDA
RET WEST SUNGET, INC.				<u> </u>		
Principal Place of Business	Mailing Addre	200			Alfanologia	<del>a⊒</del> £ine (⊒ 1874), hen by 1850er og 1976 e
600 DUYAL STREET KEY WEST FL 33040	AL STREET 800 DUVAL STREET					
	(12) 71201 1	2 0000		1 100110101	· · · · · · · · · · · · · · · · · · ·	
If above addresses are incorrect in any way, line	a through incorrect in	iformation and enter	correction helow	REIN!	STATEM	ENT O
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable				4. Date Incomposated or Qualified To Do Business in Florida 08/09/1991		
Suite, Apt. #, etc. Suite, Apt. #, etc.			,			
City & State City & State				5. FEI Mulliber	65-0235320	Applied For Not Applicable
Zip Country Zip		Country		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status.		
7. Names and Street Addresses of Each Officer	and/or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)		
Name of Officers and/or Directors			eet Address of Each ficer and/or Director se Post Office Box N	of Each City / State / Zip		
D SASI, MOSHE		3 (Do NOT Use Post Office Box N 600 DUVAL STREET		KEY WEST FL		
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8. Name and Address of Current Registered Agent  Name				9. Name and A	Address of New Regis	tered Agent
SASI, MOSHE Street Address (P.				.O. Box Number	is Not Acceptable)	
600 DUVAL STREET  Street Address (P KEY WEST FL 33040  Suite, Apt. #, Etc.						
City				State   Zip Code   FL		
10. I, being appointed the registered agent of the above named for poration, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent	REGISTERED AG	ENT MUST SIGN			Date 12/5	27/96
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
I certify that I am an officer or director or the rethis reinstatement application, the reason for cowed by the corporation have been paid and ton this application is true and accurate, and m	lissolution has been the names of individu	eliminated, the corpo uals listed on this for	rate name satisfies t m do not qualify for a	ine requirements an exemption und	of section 607.0401 or	617.0401, F.S., that all fees
SIGNATURE: MOSLO SUBSTANTIAL 12/24/96 296-6242						