PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION. FOR FILED REINSTATEMENT 99 AUG 16 AM 11: 05 DOCUMENT # SECRETARY OF STATE ALLAHASSEE, FLORIDA 1. Corporation Name Keys, Principal Place of Business Mailing Address 91865 Overseas Hwy 900002946179--6 Talernier FL. 33070 -07/30/99--01075--017 ****952.52 ****900.02 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 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip PRES HOMDSON 91865 Overseds Hwy V. SHEPARD AUS 1 8 1999 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Thompson Margaret CR2E081 (12/98) 91865 Overseas Highway Street Address (P.O. Box Number is Not Acceptable) Tovernier. Suite, Apt. #, Etc. 710Hda 33070 City 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. Signature of Registered Agent _______ 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. Yes ⊠′No □ 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 filling 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. MARGARET THOMPSON chargaret Whorupsa SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR