

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



9700AR
FLORIDA DEPARTMENT OF REVENUE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR -3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H39617

1. Corporation Name
MCKENNA + CO. INC

2. Principal Office Address
11599 N. FEDERAL HWY

Suite, Apt. #, etc.
100

City & State
POMPANO BEACH FLA

Country
BROWARD

3. Mailing Office Address
←

Suite, Apt. #, etc.
←

City & State
←

Country
←

4. Date Incorporated or Qualified To Do Business in Florida 2/1/1985

5. FEI Number 59-2644993
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name
R
RICHARD H MCKENNA

Street Address (P.O. Box Number is Not Acceptable)
2639 N. RIVERSIDE DR

Suite, Apt. #, Etc.
POMPANO BEACH FLA. 33062

City

State
FL

Zip Code

500003171915 - 1
-03/16/00 -01012 -006
****600.00 ****600.00

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
Richard H. McKenna Pres.

Date 2/27/2000

REGISTERED AGENT MUST SIGN

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
PRES.	RICHARD H. MCKENNA	2639 N. RIVERSIDE DR	POMPANO B. FLA 33062

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2000 954:784-1585
Date Daytime Phone #

CR2E081 (9/99)