

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 20 PM 5:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/11/02--01071-019  
\*\*\*\*\*900.00 \*\*\*\*\*900.00-

**DOCUMENT #**

1. Corporation Name

000000007772

McKee Homes Inc.

2. Principal Office Address

292 Kiwo Road

Suite, Apt. #, etc.

3. Mailing Office Address

SAME. 292 Kiwo Rd.

Suite, Apt. #, etc.

City & State

DeFuniak Springs, Fl.

Zip

32433

Country

Walton

City & State

DeFuniak Springs

Zip

32433

Country

Walton

4. Date Incorporated or Qualified  
To Do Business in Florida

1.18.2000

5. FEI Number

593286816

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

John L. McKee

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

292 Kiwo Road

Suite, Apt. #, Etc.

City

DeFuniak Springs,

State

FL

Zip Code

32433

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

*John L. McKee*

REGISTERED AGENT MUST SIGN

Date 3.15.02

**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
D.	John L. McKee	292 Kiwo Road	DeFuniak Spgs. Fl. 32433

REINSTATEMENT 01-02

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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 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:

*John L. McKee* · *John L. McKee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.15.02 (850) 974-5666

Date Daytime Phone #

CR2E081 (9/01)