

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -3 AM 10:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000014942

1. Corporation Name

MCKAY, INC.

Principal Place of Business

17820 SOTILE DRIVE BATON ROUGE LA 70809

Mailing Address

17820 SOTILE DRIVE BATON ROUGE LA 70809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1500 U.S. Highway 27 South

Suite, Apt. #, etc.

Suite B

City & State

Clermont, Florida

Zip

34711

Country

LAKE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

02/13/1998

5. FEI Number

59-3516151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, MCKAY, KENNETH J, 17820 SOTILE DRIVE, BATON ROUGE LA 70809.

200003095502--3 -01/12/00--01013--025 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

JORDAN, EDWARD P II 13543 E HWY 50 CLERMONT FL 34711

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Signature of Registered Agent with 'SIGNATURE REQUIRED' watermark

REGISTERED AGENT MUST SIGN

Date

12-17-89

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 furnished 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

12-17-89

Daytime Phone #

KE