

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000043284**

1. Corporation Name

MCKENZIE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~714 DUVAL ST~~
KEY WEST FL 33040
US

~~714 DUVAL ST~~
KEY WEST FL 33040
US

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

500 TRUMAN AVE
Suite, Apt. #, etc.
#9

SAME
Suite, Apt. #, etc.

City & State
Key West FL

City & State

Zip
33040 Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1998

5. FEI Number

65-0839127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCKENZIE, DON	714 DUVAL ST	KEY WEST FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKENZIE, DONALD
~~**714 DUVAL ST**~~
KEY WEST FL 33040

Name
Don McKenzie
Street Address (P.O. Box Number is Not Acceptable)
500 TRUMAN AVE
Suite, Apt. #, Etc.
#9
City
Key West State
FL Zip Code
33040

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/17/03**

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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

11/17/03
Date

305-292-9777
Daytime Phone #

CR2E040 (7/03)

292

Southpoint Divers
500 Truman Ave#9
Key West Fl, 33040
305-292-9778

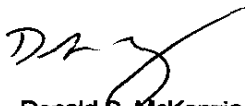
December 5, 2003

Florida Dept. of State

Dear Sir or Madam:

Enclosed is a check for \$150.00. Please make note of all address, and Register agent changes. Original renewal forms were never received, probably lost in the mail. I spoke to Steve and was told to enclose a letter and payment of \$150.00 with each application. Please contact me at the above number or address if there are any problems.

Sincerely,



Donald S. McKenzie
Owner