

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 FEB 21 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 474725

1. Corporation Name

mikey INC

2. Principal Office Address

4038 ORTEGA FOREST DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

4038 ORTEGA FOREST DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

FLA

Zip

32210 Duval

Country

Zip

Country

100005065321--0

-03/08/02--01003--017

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-1608324

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIKEY EDGERTON (aka Anne)

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

4038 ORTEGA FOREST DRIVE

Suite, Apt. #, Etc.

JACKSONVILLE FLA 32210

City

State

FL

Zip Code

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

MIKEY (Anne) Edgerton

Date

1/28/02

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
President -	MIKEY (Anne) Edgerton	(same as above)	(same as above)
Treasurer	John Edgerton	4038 ORTEGA FOREST DRIVE	JACKSONVILLE, FL
V.Pres	John Edgerton	(same as above)	(same as above)
Secretary	John Edgerton	4038 ORTEGA FOREST DRIVE	JACKSONVILLE, FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKEY (Anne) Edgerton

Date

Daytime Phone #

1/28/02

CR2E081 (9/01)