

10-25-95 10:01AM

10 04013023323

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 NOV -5 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1032397

1. Corporation Name

MCKINLEY'S LOCKSMITH, INC.

Mailing Address

Principal Place of Business

1463 Banks Road
Margate, Florida 33063

-SAME-

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

REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/9/79

5. FLT Number

59-1924627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.00 A Additional Fee per
to a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Bruce E. Hande	7587 London Lake	Boca Raton, Florida 33433
S	Fred Halbstein	10781 Santa Laguna Drive	Boca Raton, Florida

500002682215--0

-11/06/98--01066--002

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 AgentBruce E. Hande
1463 Banks Road
Margate, Florida 33063

REGISTERED AGENT MUST SIGN

Date 11/4/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐(See other side for
additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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

Bruce E. Hande Bruce Hande

Date

11/4/98

Daytime Phone

(561) 395-5980