

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP -3 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93945

1. Corporation Name

JOHN MCKIE INCORPORATED

2. Principal Office Address

1941 N.W. 21 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

22142

Country

DADE

3. Mailing Office Address

1941 N.W. 21 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33142

Country

DADE

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number 59-2626720

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 THERASEE

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

1941-B N.W. 21 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

000008025040-0
-09/25/02--01081--014
*****900.00 *****900.00

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 Therasse

REGISTERED AGENT MUST SIGN

Date *8/30/02*

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
PRES.	JOHN THERASSE	1941-B N.W. 21 TERRACE	MIAMI, FLORIDA 33142

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

8/30/02
Date

305 796-6002
Daytime Phone #

CR2E081 (9/01)