

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 26 PM 8:06

DOCUMENT # **J09359**

1. Corporation Name

McKuen Construction, Inc.

J09359

2. Principal Office Address

1217 N.W. 8th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1175

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FLA.

Zip

34973

Country

OKEE.

City & State

OKEECHOBEE, FLA.

Zip

34973

Country

OKEE.

REINSTATEMENT

94-01

1986

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 16th 1986

5. FEI Number

59-2655802

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

Eschol McKuen

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

809 S.E. 12th ST.

Suite, Apt. #, Etc.

City

OKEECHOBEE

State

FL

Zip Code

34973

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

Eschol McKuen

REGISTERED AGENT MUST SIGN

Date **7/10/01**

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	Eschol McKuen	809 S.E. 12th ST	OKEECHOBEE, FLA. 34973
Secy	Virginia McKuen	809 S.E. 12th ST.	OKEECHOBEE, FLA. 34973
			400004551514--1
			08/23/01 01004 010
			***1800.00 ***1800.00
			AD

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:

Eschol McKuen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/01 (863) 763-0717

Date

Daytime Phone #

CR2E081 (3/00)