

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 12 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Corporation Name

532038

McKoi Services, Inc.

Principal Place of Business

Mailing Address

P.O. Box 20452
West Palm Beach, FL 33416

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Is the corporation or qualified
to do business in Florida

9/18/86

5. FEI Number

59-2716291

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
pres.	Mark McCauley	8581 Estote Dr. S	W. P. B., FL 33411
V.P.	Diana McCauley	8581 Estate Dr. S.	W. P. B., FL 33411

400002347794--2
-11/14/97--01086--011
****373.75 ****373.75

11/1/97

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
FL

Zip Code

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 Agent

Mark McCauley
REGISTERED AGENT MUST SIGN

Date

11/5/97

11. 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.)

12. 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:

Mark McCauley

Date

11/5/97

Daytime Phone #

561-585-9101

McKol Services Inc. D/B/A

Southern Palms Irrigation

Commercial - Residential - Condominiums
P.O. Box 20452 • West Palm Beach, FL 33416-0452
(407) 585-9101

11/5/97

ATTENTION: DIVISION OF CORPORATIONS,

We did not receive your annual renewal form so therefore we could not renew. Please send all future mailings to the current address shown. I spoke with "Sean" up there and he said to enclose my explanation and a check for 365.00 . I have done this and enclosed an additional \$8.75 for Certificate of Statis.

Cordially,

A handwritten signature in black ink, appearing to read "Mark McCauley", written in a cursive style.

Mark McCauley pres.