

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000010009

1. Corporation Name

MCKINNEY WOODWORKING, INC.

Principal Place of Business

12697 CACHET DRIVE
JACKSONVILLE FL 32223

Mailing Address

12697 CACHET DRIVE
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2000

5. FEI Number

39-362-6851

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 3	City / State / Zip 4
D	MCKINNEY, WILLIAM L JR.	12697 CACHET DRIVE	JACKSONVILLE FL 32223
			400004883394--7 -02/06/02--01065--001 ***750.00 ***750.00
			400004883394--7 -02/06/02--01065--002 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

GLAZIER & GLAZIER, P.A.
8761 PERIMETER PARK BOULEVARD
SUITE 103
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

Glazier & Glazier, PA

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

8825 Perimeter Park Blvd #

Suite, Apt. #, Etc.

Suite 504

City

Jax

State

FL

Zip Code

32216

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

Scott L. Glazier

Scott L. Glazier, VP

REGISTERED AGENT MUST SIGN

Date

1/23/02

11. 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:

William L. McKinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-3-01 1-904-591-1233

FILED

02 JAN 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01-02

CR2E040 (8/01)