## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPO REINSTA				F	S	DEPARTI ecretary SION OF CO	of St			2009 JAN 21 PM 2: 11	
DOCUMENT # P0000010009  1. Corporation Name								Maria State Colling			
McKinney Woodworking, Inc.								1.9.	7		
2. Principal Office Address - No P.O. Box # 108 Plumton Ct.					3. Mailing Off	fice Address			REI	' INCTANTONICATOR	
Suite, Apt. #, etc.	Office Address - No P.O. Box # mton Ct. etc.  S, Florida  Country U.S.A.  7. Name and Address of the second				Suite, Apt. #, etc.					corporated or Qualified Business in Florida 01/28/2000	
City & State St. Johns, I	Place Address - No P.O. Box # con Ct.  Florida  Country U.S.A.  7. Name and Address of Glazier, P.A.  (P.O. Box Number is Not Acceptable neter Park Blvd.  tc.  le  cointed the registered agent of the about the registered agent of the regi				City & State				5. FEI Num 59-362	mber Applied For	
<sub>Zip</sub> 32259	h				Zip			ry	† <del></del>	Not Applicable  SATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
		7. Nas	ne and Addre	ess of C	urrent Regist	ared Agent					
Name Glazier & Glazier, P.A.  Street Address (P.O. Roy Number is Not Acceptable)								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
8825 Perimeter Park Blvd.  Suite, Apt. #, Etc. Ste, 504											
City State Zip Code Jacksonville State FL 32216								Zip Code 32216	fee be waived.		
8. I, being apportant of Registered Agent				R	named corpor	4 ٧	j	with and accept the o	obligations of se	Date 1 19 (09	
9. Names and	Street Ad	dresses	of Each Office	er and/o	r Director (Flo	rida nonprofi	it corpo	rations must list at l	east 3 directors	s)	
Titles	Name of Officers and/or Directors					<u> </u>		treet Address of Each		City / State / Zip	
D Wi	William L. McKinney, Jr.					108 Plumton Ct			·····	St. Johns, Florida 32259	
									0172	00141665632 1/7901030020 **1650.00	
this reinstat	tement app e corporati lication is t	olication on have	the reason for been paid an accurate, and	or dissola d the na	ution has been imes of individinature shall ha	ı eliminated, uals listed or	the corn this for	porate name satisfierm do not qualify for offect as if made und	es the requirement or an exemption of ler oath.	chapter 607 or 617, F.S. I further certify that when filing ents of section 607.0401 or 617.0401, F.S., that all fees contained in Chapter 119, F.S. The information indicated 1.6.7, 3.7.	