

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P00000109182

1. Corporation Name

MK MARKETING, INC.

Principal Place of Business

3186 HOLYLAKE ROAD
LAKE WORTH FL 33467

Mailing Address

3186 HOLYLAKE ROAD
LAKE WORTH FL 33467



REINSTATEMENT 02

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.

3186 HOLYLAKE ROAD

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3186 HOLYLAKE ROAD

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2000

5. FEI Number

65-1056401

Applied For

Not Applicable

Zip

Country

Zip

Country

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
PD	MCGUIRE, MARY KAY	3186 HOLYLAKE ROAD HOYLAKE ROAD	LAKE WORTH FL 33467
VD	WILLSON, HOWARD TODD	3186 HOLYLAKE ROAD HOYLAKE ROAD	LAKE WORTH FL 33467

3000008725792
10/31/02--01047--009 **750.00

8. Name and Address of Current Registered Agent

MCGUIRE, MARY KAY

3186 HOLYLAKE ROAD ← HOYLAKE ROAD
LAKE WORTH FL 33467

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

561 963 6357

Daytime Phone #

CR2040 (8/02)