

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 11:11:02
FIDELITY & SECURITY

DOCUMENT # P01000052474

1. Corporation Name

MCKINNON EXCAVATION, INC.

Principal Place of Business

Mailing Address

5055 HOLOPAW ROAD
ST CLOUD FL 34773

~~5055 HOLOPAW ROAD~~
~~ST CLOUD FL 34773~~



900009740499
12/30/02--01074--001 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/2001

5. FEI Number

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	MCKINNON, CECIL	5055 HOLOPAW ROAD	ST CLOUD FL 34773
D	MCKINNON, CATHY	5055 HOLOPAW ROAD	ST CLOUD FL 34773

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKINNON, CECIL
~~5055 HOLOPAW ROAD~~
ST CLOUD FL 34773

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

CECIL MCKINNON
REGISTERED AGENT MUST SIGN

Date 12-20-02

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:

CECIL MCKINNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

12-21-02

Department of State

DEAR Sirs:

I did not receive the two prior UBR Notices, due to address mix-up. Please allow me to be reinstated inclosed is (\$150.00) one Hundred Fifty dollars FEE. Thank You for your consideration.

Sincerely
Cecil L. McKinnon President
Cecil L. McKinnon
Officer
Burr

* Mailing Add: P.O. Box 201637
St. Cloud, Fla. 34770