

2006 AR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 25 PM 2:07

DOCUMENT # 4010000 66812

1. Corporation Name

MAKIN Holdings Inc.

2. Principal Office Address

4555 12th St

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32966

Country

INDIAN RIVER

3. Mailing Office Address

P.O. Box 5232

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32961

Country

F. RIVER

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

Kerry Holmes

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

4555 12th St.

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code

32966

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Kerry Holmes	P.O. Box 5232	Vero Beach FL, 32961

200064401902
01/24/06--01046--001 **300.00

10. 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

(772) 633-1161

Daytime Phone #