

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11/06/03 09:10:32
009 #750.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096946

1. Corporation Name

John McKenzie, Inc

REINSTATEMENT 03

2. Principal Office Address

7232 E Gospel Island Rd
Suite, Apt. #, etc.

City & State

Inverness FL

Zip

34450

Country

USA

3. Mailing Office Address

7232 E Gospel Island Rd
Suite, Apt. #, etc.

City & State

Inverness FL

Zip

34450

Country

USA

400024705874
11/14/03--01042--013 **150.00

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

10/03/01

5. FEI Number

59-3750210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John McKenzie

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

7232 E Gospel Island Rd
Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34450

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

John McKenzie
REGISTERED AGENT MUST SIGN

Date

11/12/03

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
P	John McKenzie, Jr	7232 E Gospel Island Rd	Inverness FL 34450
S/T	John McKenzie, Jr	7232 E Gospel Island Rd	Inverness FL 34450

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

SIGNATURE:

John McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/03

Daytime Phone #

CR2E081 (10/02)