

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701000117948

1. Corporation Name

McKenna Irrigation Services, Inc.

FILED
05 FEB -4 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

2. Principal Office Address

27050 Mora Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3310

Suite, Apt. #, etc.

500043799345

01/03/05--01025--024 **300.00

City & State

Bonita Springs, FL

City & State

Bonita Springs, Florida

Zip

34135

Country

U.S.A.

Zip

34133

Country

U.S.A.

To Do Business in Florida

12/12/01

5. FEI Number

593760147

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

Tammi L. McKenna

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

27050 Mora Road

Suite, Apt. #, Etc.

City

Bonita Springs, Florida

State

FL

Zip Code

34135

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

Tammi L. McKenna
REGISTERED AGENT MUST SIGN

Date

1/28/05

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
<u>PT</u>	<u>Dennis C. McKenna</u>	<u>27050 Mora Road</u>	<u>Bonita Springs, FL</u>
<u>VS</u>	<u>Tammi L. McKenna</u>	<u>27050 Mora Road</u>	<u>Bonita Springs, FL 34135</u>

500043799345
02/10/05--01012--009 **158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tammi L. McKenna
Tammi L. McKenna

Date

1/29/05

Daytime Phone #

(941) 232-4208