

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

05 DEC 15 PM 12:43

DOCUMENT # P01000121369

1. Corporation Name

MKB Services, Inc.

2. Principal Office Address

4312 4th Ave. NE.

Suite, Apt. #, etc.

3. Mailing Office Address

4312 4th Ave. NE.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34208

Country

US

Zip

34208

Country

US

REINSTATEMENT

03-c5

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/2002

5. FEI Number

26-0016162

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

James Burke

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

4312 4th Ave. N.E.

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code

34208

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

James Burke

REGISTERED AGENT MUST SIGN

Date 12/12/05

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
P	James Burke	4312 4th Ave. NE	Bradenton, FL 34208
T	Lisa Burke	same	

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:

James Burke

James Burke, President

12/12/05

941-749-1927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #