

APPROVED
AND
FILED



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAR 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200121197702
03/25/08--01019--001 **450.00

325.08 \$

REINSTATEMENT 06-08

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000101931					
1. Corporation Name JOHN D. MACKENNEY, DPM, PA					
2. Principal Office Address - No P.O. Box # 3246 PENNISULA CIRCLE			3. Mailing Office Address 475 MONTGOMERY PLACE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MELBOURNE, FL			City & State ALTAMONTE SPRINGS, FL		
Zip 32940	Country USA	Zip 32714	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 9-17-2003	
5. FEI Number 20-0209083				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				56.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name KELLEY, GOLDBERG, LEACH & COHN PL					
Street Address (P.O. Box Number is Not Acceptable) 475 MONTGOMERY PLACE					
Suite, Apt. #, Etc.					
City ALTAMONTE SPRINGS		State FL	Zip Code 32714		
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				Date 2-29-08	
REGISTERED AGENT MUST SIGN					
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	
PSTD	JOHN D. MACKENNEY	3246 PENNISULA CIRCLE		MELBOURNE, FL 32940	
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 contained in Chapter 119, 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: 				2-29-08 407-616-5225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	