

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003 000151173

1. Corporation Name

McKinney Tile Installation Inc.

2. Principal Office Address - No P.O. Box #

1531 Hall Rd.

Suite, Apt. #, etc.

City & State

Malabar Fl.

Zip

32950

Country

U.S.A.

3. Mailing Office Address

1531 Hall Rd.

Suite, Apt. #, etc.

City & State

Malabar Fl.

Zip

32950

Country

U.S.A.

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

December 23, 2003

5. FEI Number

52-2400642

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

State certificate fee required
in a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Keith McKinney

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

1531 Hall Rd.

Suite, Apt. #, Etc.

City

Malabar

State

FL

Zip Code

32950

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Keith R. McKinney

REGISTERED AGENT MUST SIGN

Date January 11, 2008

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	Keith R. McKinney	1531 Hall Rd	200118544432 02/21/08--01029--022 ***450 50 Malabar FL 32950

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:

Keith R. McKinney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11, 2008 321-536-9302

Date

Daytime Phone #