

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000003725

1. Corporation Name

MCKENZIE FAMILY ENTERPRISES INC.

REINSTATEMENT *04*

700043536307
12/20/04--01069--003 **150.00

2. Principal Office Address

3204 GREENWOOD AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

FLORIDA

Zip

33407

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

77-0652770

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

THOMAS MONTGOMERY, ESQUIRE

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

1 SE ML KING JR. BLVD.

Suite, Apt. #, Etc.

City

BELLE GLADE

State

FL

Zip Code

33430

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 12-2-04

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
P	TALLEY, ALDRANNA	3204 GREENWOOD AVENUE	WEST PALM BEACH FL 33407
V	WINIFRED, TOLBERT	148 NW 16TH STREET	BELLE GLADE FL 33430
S	MATTIE M. ERVIN	920 NW 9TH STREET	BELLE GLADE FL 33430
T	JUANITA GIVENS	1825 1825 NE 2ND STREET	OKEECHOBEE FL 34972
			<i>Jan/21</i>

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:

Aldranna Talley

12-2-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

McKenzie Family Enterprises
3204 Greenwood Avenue
West Palm Beach, FL 33407

December 2, 2004

Secretary of State
Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

RE: Request Waiver for Waiver of Reinstatement Fee


Dear Sir:

Find the enclosed application for reinstatement.

We are requesting waiver of the reinstatement fee because we did not receive the annual notice to file the report.

Our address is as stated above.

Sincerely,


Aldranna M. Talley, President
