


2005 FOR PROFIT CORPORATION REINSTATEMENT

11/2

DOCUMENT # P04000046840		
1. Entity Name JAMES R. MCKENZIE, INC.		

FILED

05 NOV 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3174 JENNINGS DR SARASOTA, FL 34239	Mailing Address 3174 JENNINGS DR SARASOTA, FL 34239
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10172005 REIN-P CR2E098 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MCKENZIE, JAMES R 3174 JENNINGS DR SARASOTA, FL 34239	

7. Name and Address of New Registered Agent	
Name	GWA P. WEST
Street Address (P.O. Box Number is Not Acceptable)	4160 FRUITVILLE ROAD #66
City	SARASOTA FL Zip Code 34232

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 10/17/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKENZIE, JAMES R 3174 JENNINGS DR SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. McKenzie* DATE 10/17/05 DAYTIME PHONE # 94-232-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2

JAMES R. MCKENZIE, INC.

Handyman Services

3174 Jennings Drive

Sarasota, FL 34239

(941) 232-2230

October 17, 2005

Florida Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is my application for reinstatement of my corporation. I would like to request that the fee be waived due to my not receiving the original Annual Report documents sent. I was recently made aware that my corporation had been dissolved by Sarasota County and wish to keep my corporation in good standing with the state. I was not made aware of all filings that needed to be done by the firm who formed my corporation.

Please review the forms attached and let me know at your earliest convenience if any amount is due and I will forward said fee immediately.

Sincerely,



James R. McKenzie

President

JRM/gw