

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

10 JAN 14 PM 3:09

DOCUMENT # P04000137914

1. Corporation Name

Mckenna Property Specialists, Inc.

100166204851
01/14/10--01044--010 **300.00

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

640 SW 74 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

33317

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-2004

5. FEI Number

20-1752592

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

Bernard McKenna

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

640 SW 74 Terrace

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

Bernard McKenna
REGISTERED AGENT MUST SIGN

Date

1/12/10

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
pres	Bernard McKenna	640 SW 74 Terrace	Plantation, FL 33317
VP	Karen McKenna	640 SW 74 Terrace	Plantation, FL 33317
Trea	Nicole McKenna	640 SW 74 Terrace	Plantation, FL 33317

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10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Bernard McKenna

BERNARD MCKENNA

Date

1/14/10

Daytime Phone #

954-7905