

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:48

DOCUMENT # **P94000018459**

1. Corporation Name

MCKINNEY CONTRACTORS, INC.

Principal Place of Business

210 ALLEN AVE.
PANAMA CITY FL 32401

Mailing Address

210 ALLEN AVE.
PANAMA CITY FL 32401



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3229887	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCKINNEY, ROYCE	201 ALLEN AVE.	PANAMA CITY FL 32401

788804679567-3
-11/14/01-01094-013
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKINNEY, ROYCE
210 ALLEN AVE.
PANAMA CITY FL 32401

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Royce L McKinney
REGISTERED AGENT MUST SIGN

Date

10-25-01

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 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:

Royce L McKinney
President
Royce L McKinney 10-25-01

850-
984534

Date

Daytime Phone #

CR2E040 (8/01)

207

10-25-01

McKINNEY Contractors, Inc
210 Allen Avenue
PANAMA City, FL 32401
FEI # 59-3229887

Phone + Fax
850 913-9521

RE: Document # P94000018459
Telephone conversation of last week

To Whom It May Concern:

This letter is to request that you Reinstate our Corporate Status and waive the reinstatement fee. The notice of Revocation is the first correspondence that has been received since last year and I simply did not remember to file the annual report as it is only done once a year.

we have had some personal difficulties, and we have had outgoing mail that never was received on numerous occasions. Also, I have had to request duplicate statements of bills I was expecting at times. I do not know if this is what happened to our notice for the annual report or not.

My husband was supposed to have handled this and we haven't had any problem of which I was aware in recent months.

Please consider my request. I am enclosing the annual report fee of \$150⁰⁰. My husband was out of town, therefore the delay in this letter so he could sign the application.

Sincerely,
J. P.