

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

06 NOV 27 AM 8:18

DOCUMENT # **P95000082360**

1. Corporation Name

McKILLIP BUILDERS, INC.

REINSTATEMENT

03-06

2. Principal Office Address

153 Key Haven Rd

Suite, Apt. #, etc.

3. Mailing Office Address

153 Key Haven Rd

Suite, Apt. #, etc.

City & State

Key West, Florida

City & State

Key West, Florida

Zip

33040

Country

Monroe

Zip

33040

Country

Monroe

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1995

5. FEI Number

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

ODES McKILLIP

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

153 Key Haven Rd.

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-20-06

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
PTD	ODES McKILLIP	153 Key Haven Rd	Key West, FL 33040

000082086620
11/27/06--01057--022 **1200.00
000082086620
11/27/06--01057--023 **8.75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11-20-06

Date

Daytime Phone #

(305) 304-4337