PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
'03 MAR 24 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017235

1. Corporation Name

McKENZIE'S Home Improvement CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
2141 NW 82ND WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
SUNRISE FL.	SAME
Zip / Country	Zip / Country
33322 U.S.A.	

000016961370
04/24/03--01056--013 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0810957 — ☐ 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: MICHELLE McKENZIE

Street Address (P.O. Box Number is Not Acceptable): 2141 NW 82ND WAY

Suite, Apt. #, Etc.:

City: SUNRISE | State: FL | Zip Code: 33322

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: Michelle McKenzie — Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Michelle McKenzie	2141 NW 82ND WAY	SUNRISE FL 33322
D	WAYNE McKENZIE	2141 NW 82ND WAY	SUNRISE FL 33322
		02-03 TS	

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: Michelle McKenzie — 954-747-9085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To whom it may concern

I Michelle McKenzie, president of McKenzie's Home Improvement Inc, am requesting to have my corporation reinstated and I am also requesting to have the penalty wavered on the ground that my son who has since passed away in the month of Feb. under went a series of hardship due to his illness and spent the greater part of last year (2002) in Gainsville FL. for a Transplant. It would be greatly appriciated if this can be done on behalf of the situation as it was. Enclosed is a check for #300.00 toward reinstatment

Respectfully
Michelle McKenzie