

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN -3 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069741

1. Corporation Name

KELLY T. MCGHEE, FARRIER SERVICE, INC.

2. Principal Office Address

478 SWEETWOOD WAY

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 691

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

LOXAHATCHEE, FL

Zip

33414

Country

USA

Zip

33470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/1998

5. FEI Number

65-0854286

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

KELLY T. MCGHEE

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

478 SWEETWOOD WAY

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

Kelly T. McGhee

REGISTERED AGENT MUST SIGN

Date

05/24/02

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
P	MCGHEE, KELLY T.	478 SWEETWOOD WAY	WELLINGTON, FL. 33414

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:

Kelly T. McGhee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/02

Date

(501) 379.9128

Daytime Phone #

CR2E081 (8/01)

Attachment
Document # p4800069741



KELLY MCGHEE FARRIER SERVICE INC 03/01
P O Box 691
LOXAHATCHEE, FL 33470

769907 1002

63-8735/2870
BRANCH 8

DATE 09/30/01

PAY TO THE ORDER OF One hundred fifty dollars and ⁰⁰/₁₀₀ DOLLARS \$ 150.00
Dept. of State 040315437 1693 1410 18 05-25-01



**FIDELITY
FEDERAL
BANK & TRUST**

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040315437 05-25-01

BANK OF AMERICA NA JAX
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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796