2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000062813					FIL	FN			
1. Entity Name MCKINLEY, INC.									
	,		la.		LFB 10	PM 3: 04			
Principal Place of Business Mailing Address				TAL	RETAINT (JESTATE FELORIDADIS			
16301 MCKI		16301 MCKINLEY RD	16301 MCKINLEY RD			- El-ORITAGIS	2077	a l	25
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						. 1282 (20) 2010 2018 20		18181 HEER 191	TC 11 17 C)
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01282005	REIN-P	CR2E09	8 (6/04)	J
City & Stat	е ·	City & State			4. FEI Number 59-359			→	plied For Applicable
Zip	Country	Zip	Zip Country_			of Status Desired		3:75 Addi	itional
^	6. Name and Address of Curren	nt Registered Agent	-		7. Name and	Address of New R		e Required	1
<i></i>		Varne	3						
SMITH, JA 800 MADI:	ACKSON E SON ST	S	Street Address (P.O. Box Number is Not Acceptable)						
TAVARES, FL 32778 *				, , , , , , , , , , , , , , , , , , , ,					
				S			-		
				City			FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
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SIGNATURE									
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10.	OFFICERS AN		11,		ADDITIONS/	CHANGES TO OFF	CERS AND D	RECTORS	IN 11
TITLE NAME	PST EVERETT SMITH, JACKSON	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS	800 MADISON ST		STREET AD	DORESS					
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-Z	ZIP					
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NAME Street address			NAME						
CITY-ST-ZIP	`	•	STREET AD						
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or/furstee empowered to expecte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									
changed,	or on an attachment with an address.	, with all other like empowered.	s required t	uy Chapter 607,	riorida Statute	s; and that my name	appears in B	lock 10 or i	Block 11 if
SIGNAT	TIRE.	de Sal	_		1	12/100	⇒ ८७	スル	gui 📗
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OR SIGNING OFFICER OR DIRECTOR						Date	Daytir	ne Phone #	1771
									