

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000109004

1. Entity Name
MICHAEL K. KELLY, INC.



06 OCT -6 PM 2:47

TALLAHASSEE, FLORIDA



10022006 REIN-P CR2E098 (11/05)

Principal Place of Business

Mailing Address

~~25 DELBERT LANE
SANTA ROSA BEACH, FL 32459~~

~~1865 HEARTLAND DRIVE
FT WALTON, FL 32547~~

2. Principal Place of Business

33 DELBERT LANE

3. Mailing Address

33 DELBERT LANE

Suite, Apt. #, etc.

SANTA ROSA Bch

Suite, Apt. #, etc.

SANTA ROSA Bch FL

City & State

SANTA ROSA Bch FL

City & State

SANTA ROSA Bch FL

Zip

32459

Country

Zip

32459

Country

4. FEI Number

59-3614889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HABEL BUSINESS SERVICES, INC.
1865 HEARTLAND DRIVE
FT WALTON, FL 32547

7. Name and Address of New Registered Agent

Name

SUSAN C. KELLY

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

33 DELBERT LANE

City

SANTA ROSA Bch

FL

Zip

32459

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/2/2006

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KELLY, MICHAEL K
25 DELBERT LANE
SANTA ROSA BEACH, FL 32459 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600080719736
10/11/06--01021--016 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 trustee empowered to execute 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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/06

Day

Daytime Phone #

REINSTATEMENT 2006