

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



97 OCT 30 AM 9:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **447042**

1. Corporation Name
ALYN REED ASSOCIATES, INC.

Principal Place of Business: **4838 SE 15TH AVE CAPE CORAL FL 33904**
 Mailing Address: **12319 3RD ST FT MYERS FL 33905**



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable: Suite, Apt. #, etc.
 City & State
 Zip Country

See Attached

4. Date Incorporated or Qualified To Do Business in Florida: **02/28/1974**

5. FEI Number: **59-0151669**
 Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MEYER, REED	12319 3RD ST	FT MYERS FL 33905
T/D	MEYER, RITA ROSE	5114 MANOR CT	CAPE CORAL FL 33904
S/D	MCCREARNY, LISA LYNN	2329 ACADEMY BLVD	CAPE CORAL FL 33990
			700002336677--9 -11/03/97--01143--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEYER, REED A
12319 3RD ST
FT MYERS FL 33905

Name: **RITA ROSE MEYER**
 Street Address (P.O. Box Number is Not Acceptable): **5114 MANOR COURT**
 Suite, Apt. #, Etc.:
 City: **CAPE CORAL** State: **FL** Zip Code: **33904**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: **10/27/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
 (See other side for information on intangible tax.)

12. 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: *[Signature]* **TRANSURR** 10-27-97 542-2048
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (6/97)

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 447042

(3)

1. Corporation Name

ALYN REED ASSOCIATES, INC.



Principal Place of Business

**4638 SE 15TH AVE
CAPE CORAL FL 33904**

Mailing Address

**12319 3RD ST
FT MYERS FL 33905-4809**

3. Date Incorporated or Qualified

02/28/1974

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 5114 MANOR CT.

27 CAPE CORAL, FLA.

28 Zip Country

29 33904 **30** FL

4. FEI Number

59-0151669

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MEYER, REED A
12319 3RD ST
FT MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name **RITA ROSE MEYER**
82 Street Address (P.O. Box Number is Not Acceptable)
5114 MANOR COURT
83
84 City **CAPE CORAL** **FL** **85** Zip Code **33904**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

10/27/97

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MEYER, REED	
STREET ADDRESS	12319 3RD ST	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	MEYER, RITA ROSE	
STREET ADDRESS	5114 MANOR CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	MCCREARNY, LISA LYNN	
STREET ADDRESS	2329 ACADEMY BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MCCREARNY
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(94) 54 204

CR2E034 (9/96)