

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 NOV 14 AM 10:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000065835**

1. Corporation Name
REEDER ENTERPRISES, INC.

Principal Place of Business
**16 BLANDING BLVD
 ORANGE PARK FL 32073**

Mailing Address
**16 BLANDING BLVD
 ORANGE PARK FL 32073**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/23/1995	
City & State		City & State		5. FEI Number 59-3333648	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
D	STROUP, WILLIAM R	7400 POWERS AVE #316 16 Blanding Blvd.	JACKSONVILLE FL 32217 Orange Park FL 32073

000002350380--8
 -11/18/97--01043--013
 ****758.75 ****758.75

REINSTATEMENT

W. Stroup
 11/14/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STROUP, WILLIAM REEDER 16 BLANDING BLVD ORANGE PARK FL 32073		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State FL Zip Code	

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 *William Reeder* REGISTERED AGENT MUST SIGN Date **10 NOV 97**

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: *William Reeder* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10 NOV 97** Daytime Phone # **904/276-7455**

CR2E040 (8/97)