

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

97 DEC -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 267616

1. Corporation Name

REESE CORPORATION, INC. OF HOLLYWOOD

Principal Place of Business
**2066 N. BAYSHORE DRIVE
MIAMI FL 33137**

Mailing Address
**2066 N. BAYSHORE DRIVE
MIAMI FL 33137**



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

02/28/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2054249

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	REESE, JUNG JA	2066 N. BAYSHORE DR.	MIAMI FL 33137
V	REESE, LARRY T.	2066 N. BAYSHORE DR.	MIAMI FL 33137
T	REESE, SUSAN ANN	2066 N. BAYSHORE DR.	MIAMI FL 33137
S	NEDEFF, NED	598 FERNWOOD RD.	KEY BISCAYNE FL 33149

**900002373499--0
-12/16/97--01069--010
****750.00 ****750.00**

87 12/3

8. Name and Address of Current Registered Agent

**REESE, JUNG JA
2066 N. BAYSHORE DR.
MIAMI FL 33137**

9. Name and Address of New Registered Agent

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

Jung Ja Reese

REGISTERED AGENT MUST SIGN

Date

11-26-97

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:

Jung Ja Reese

JUNG JA REESE (305) 573-5785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/97)