PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 29 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 273369

1. Corporation Name
RECO-TRICOTE, INC.

2. Principal Office Address
P.O. BOX 521

Suite, Apt. #, etc.

City & State
MULBERRY, FL

Zip 33860 | Country Polk

3. Mailing Office Address
P.O. BOX 521

Suite, Apt. #, etc.

City & State
MULBERRY, FL

Zip 33860 | Country Polk

REINSTATEMENT 03-05 WOA

4. Date Incorporated or Qualified To Do Business in Florida 09/03/1963

5. FEI Number 59-1011133 | Applied For | Not Applicable

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

7. Name and Address of Current Registered Agent

Name
WOODFORD D. MILLER, III

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

Suite, Apt. #, Etc.

City
LAKELAND

State FL | Zip Code 33813

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 3/23/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	MILLER, WOODFORD D. III	86 SHADOW LANE	LAKELAND, FL 33813
VPTD	DAWSON, JERRY L.	710 HOSPITAL ST.	RICHMOND, VA 23219
			900050266969
			04/11/05 01082 020 **458.75

10. 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: _____ 3/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #