

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2800132

10F2

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 370776

1. Corporation Name

REID'S TV, INC.

Principal Place of Business

2510 CRILL AVENUE
PALATKA FL 32177

Mailing Address

2510 CRILL AVENUE
PALATKA FL 32177

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1970

5. FEI Number

59-1300518

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	REID, EDWIN O	2510 CRILL AVENUE	PALATKA, FL 00000
ST	REID, RACHEL C	2510 CRILL AVENUE	PALATKA, FL 00000
V	BROWN, LINDA R.	2510 CRILL AVE.	PALATKA FL
			300003468853--8
			-11/17/00--01072--001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

REID, EDWIN O
3003 TWIGG ST
PALATKA FL 32077

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

Edwin O. Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/00

Date

904

325-5077

Daytime Phone #

KE

Reid's TV, Inc.
2510 Crill Avenue
Palatka, FL 32177
904 325 5077
RCR@GBSO.NET

2012

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

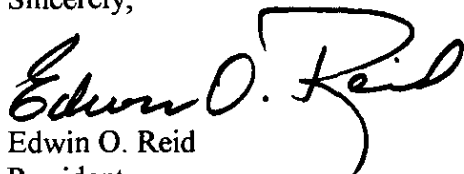
Attention: Katherine Harris
Secretary of State

Dear Ms Harris,

I just received a notice of Administrative Dissolution of our Corporation for failure to respond to second notice sent by June 9, this year. I open all mail sent to Reid's TV personally and I can tell you that we did not receive a 2nd notice and/or a first notice. This dissolution notice was the first mailing that we have received. We have been incorporated since 1970 and have never had this problem in the past and the only reason we would not have renewed our charter was that we were not notified. I am enclosing the required fee of \$150.00 and ask that any penalty be waived.

Thank you for your consideration in this matter and recognizing our many years as a Florida corporation that has always met this obligation in the past. Somehow your notice to us failed to be delivered to Reid's TV.

Sincerely,



Edwin O. Reid
President
3003 Twigg Street,
Palatka, FL 32177