

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005119

1. Corporation Name

REISER & SONS INVESTORS, INC.

Principal Place of Business

169 PINNACLE LANE  
MOORESVILLE NC 28117-8879

Mailing Address

~~169 PINNACLE LANE~~  
MOORESVILLE NC 28117-8879

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/2001

5. FEI Number

56-1860178

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
PC	REISER, H. ARDEN	169 PINNACLE LANE	MOORESVILLE NC 28117
V	REISER, H. LYNWOOD	169 PINNACLE LANE	MOORESVILLE NC 28117
S	REISER, T. MARSHALL	169 PINNACLE LANE	MOORESVILLE NC 28117

7000009078507  
11/19/02--01028--003 \*\*158.75

8. Name and Address of Current Registered Agent

STOKES, DANNY R  
100 NORTHWEST 128TH AVENUE  
OKEECHOBEE FL 34972

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Danny R Stokes*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/12/02

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:

*Danny R Stokes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02  
Date

704 799 2670  
Daytime Phone #

CR2E040 (8/02)

**Reiser & Sons Investors, Inc.**

Post Office Box 3188  
Mooresville, NC 28117  
Phone: (704) 799-2670  
Fax: (704) 799-2665

November 13, 2002

Florida Department of State  
Annual Report/Reinstatement Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs,

We are sending our request into you for reinstatement. We never received any UB12 notices until this came to us last week. We have 3 offices at 169 Pinnacle Lane and feel that somehow our mail was not delivered. Our new address is now on the enclosed form and our check for \$158.75, which includes \$8.75 for certificate of status is enclosed.

Your cooperation in this matter is greatly appreciated.

Thank You,

A handwritten signature in cursive script, appearing to read "Arden Reiser", followed by a horizontal line.

Arden Reiser

HAR/knn  
enclosures