PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 OCT 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F09000004052

1. Corporation Name

REEDERCO, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10590 STONEBRIDGE BLVD.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33498 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: OCT. 13, 2009

5. FEI Number: 752773821 ☐ 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: JONATHAN J. LICHTMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable): 2028 3 STATE ROAD 7, SUITE 300

Suite, Apt. #, Etc.

City: BOCA RATON State: FL Zip Code: 33498

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10/25/16--01008--011 **750.00

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 OCT. 18, 2016

REGISTERED AGENT MUST SIGN

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
PC DIR	REEDER, CHARLES H. JR.	10590 STONEBRIDGE BLVD.	BOCA RATON, FL 33498
DIR	REEDER, CHARLES H. III	6209 SWEDEN DR.	RALEIGH, NC 27612
DIR	REEDER-BLANCO, STACY L.	38 DAHLIA DR.	LITTLETON, MA 01460

10. **E-mail Address:** CHUCKREEDER@REEDERCO.NET
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 10/18/16 561-451-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON