

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26622

1. Corporation Name

R.G. REYNOLDS HOMES, INC.

Principal Place of Business

Mailing Address

~~2114 PALMA SOLA BLVD.~~
BRADENTON FL 34209

~~2114 PALMA SOLA BLVD.~~
BRADENTON FL 34209

REINSTATEMENT 03



900024213389
10/20/03--01064--023 **750.00

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

03/24/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2129395

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
VT	REYNOLDS, CAROLYN E	2114 PALMA SOLA BLVD. 4912 1st Ave Dr. N.W.	BRADENTON FL
P	REYNOLDS, RICHARD G	2114 PALMA SOLA BLVD. 4912 1st Ave Dr. N.W.	BRADENTON FL
VT	Reynolds, Carolyn E	4912 1st Ave Dr. N.W.	BRADENTON, FL 34209
P	Reynolds, Richard G	4912 1st Ave Dr. N.W.	Bradenton, FL 34209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYNOLDS, RICHARD G

~~2114 PALMA SOLA BLVD.~~ 4912 1st Ave. Dr. NW
BRADENTON FL 34209

Name

Reynolds, Richard G.

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

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10-24-03

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-03 941-730-0366

CR20040 (7/03)