

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

04 JAN -8 AM 9:36

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **H13251**

1. Corporation Name

REUEL B. SHEALY, INC.

Principal Place of Business

Mailing Address

606 NORTHEAST 35TH STREET
 Ocala FL 34479

606 NORTHEAST 35TH STREET
 Ocala FL 34479



REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/20/1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2439073	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SHEALY, REUEL B.	606 NORTHEAST 35TH ST.	OCALA FL DELETE
DST	SHEALY, EVELYN O.	606 NORTHEAST 35TH ST.	OCALA FL DELETE
D	SHEALY, PRESTON R.	411 NE 35TH ST	OCALA FL 34479
			500025998225 01/05/04--01051--016 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEALY, PRESTON R. 411 NE 35TH ST Ocala FL 34479	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 *[Signature]* X
 Date *12-31-03* X
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *10-13-03* 352
 Daytime Phone # *840 418*

CR2E040 (7/03)