

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H50019**

1. Corporation Name

Willow Reed Inc.

14 MAY 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FL

2. Principal Office Address - No P.O. Box #

11132 N. CR 475

Suite, Apt. #, etc.

3. Mailing Office Address

11132 N CR 475

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Oxford Florida

City & State

Florida

Zip

34484

Country

USA

Zip

34484

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2511962

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

Gayle Sasnett Reed

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

11132 N. CR 475

Suite, Apt. #, Etc.

City

Oxford

State

FL

Zip Code

34484

700260277037
05/15/14--01031--005 **1050.00

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

Gayle Sasnett Reed

REGISTERED AGENT MUST SIGN

Date

5-9-14

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
Pres	Gayle Sasnett Reed	11132 N. CR 475	Oxford FL 34484
Secy	Gwen A. Reed	10691 SE 44th Terrace	Bellevue FL 34420

MAY 15 2014

M. WILLIAMS

10. E-mail Address: **R21 Gayle @ aol . com**

(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:

Gayle Sasnett Reed