

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L31387

1. Corporation Name

REID & ASSOCIATES, INC.

Principal Place of Business

3437 ASPEN TRAIL
CLEARWATER FL 34621
US

Mailing Address

3437 ASPEN TRAIL
CLEARWATER FL 34621
US



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

11/20/1989

Suite, Apt. #, etc.

1726 E. 7TH AVE. #13

City & State

TAMPA, FL

Zip

33605

Country

USA

Suite, Apt. #, etc.

1726 E. 7TH AVE #13

City & State

TAMPA, FL

Zip

33605

Country

USA

5. FEI Number

59-2978087

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
RD	REID, ANN S	230 BAILEY ST	SAFETY HARBOR FL
VP	REID, EDWARD T.	1726 E. 7TH AVE #13	TAMPA, FL 33605
			200002375652-9
			-12/17/97--01107--010
			****750.00 ****750.00
			REINSTATEMENT 97
			SL 12-17-97

8. Name and Address of Current Registered Agent

ANN REID
3437 ASPEN TRAIL
CLEARWATER FL 34621

9. Name and Address of New Registered Agent

Name

EDWARD T. REID JR.

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

1726 E. 7TH AVE.

Suite, Apt. #, Etc.

SUITE 13

City

TAMPA

State

FL

Zip Code

33605

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/9/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

12/9/97 813-248-4500
Date Daytime Phone #